

## Access to Student Records

Arkansas State University-Newport  
Office of the Registrar  
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Newport, AR 72112  
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## PERMISSION TO RELEASE STUDENT RECORD INFORMATION

Student Information

First Name

Middle Name

Last Name

Birthdate

ASUN Student ID or SSN

I authorize ASU-Newport to release the following education records and information:

\_\_\_\_ Student Academic Records  
(To assist with academic planning)

\_\_\_\_ Student Account/Billing Records  
(To assist with financial planning)

\_\_\_\_ Academic Advising/Instructor Records  
(To assist with academic planning)

\_\_\_\_ Bookstore Records  
(To assist with academic & financial planning)

\_\_\_\_ Financial Aid Records  
(To assist with financial planning)

\_\_\_\_ Other  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(List specific records here)

Identify the name, address, phone number, and birth date of the person or agency to whom you give permission to obtain records and conduct university business on your behalf below.

Release Student Records to: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

DOB (only for non-agency): \_\_\_\_\_

I understand that

- I have the right not to consent to the release of my education records;
- I have the right to receive a copy of such records upon request;
- **This consent will remain in effect until revoked by me, in writing, and delivered to ASU-Newport**, but that any such revocation will not affect the information released under previous consent;
- If I wish to make any changes to my consent for release, I will need to submit a new form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date