This COMPLETED, SIGNED form may be hand-delivered, mailed, faxed or emailed to:

Mailing Address or Hand-delivery: Office of Admissions & Recruitment | Shorter College | 604 North Locust Street | North Little Rock, AR 72114

Fax: 501-374-9333 to the Attention of Admissions & Recruitment

Scan and Email to: admissions@shortercollege.edu

STUDENT RELEASE OF RECORDS FERPA AUTHORIZATION FORM

(Family Educational Rights and Privacy Act)

Student's Name:	Date of Birth
Previous Name:	Social Security #
I request and authorize Shorter College to release educational records, as indicated below, for the purpose of: Academic AssistancePayment of TuitionVerification of Enrollment/Progress Other: (please explain)	
Initial on the lines belo	w to indicate which records your wish to make available?
All Financial Aid I	Records
All Academic/Tra	nscript Records
All Student Accou	unt Records (tuition and Fees)
Instructor/Classr	oom Records
Other: Please Sp	ecify
The Following individual(s) are authorized to access the information indicated above: Please Print Full Name Spouse Mother/Stepmother	
	Father/Stepfather
	ip)
Although I understand I am not required to release this information, I am giving to Shorter College to disclose these records. I also understand that this release remains in effect for one calendar year from the date signed, unless I revoke my consent in writing and deliver to the Division of Enrollment Management at Shorter College.	
PLEASE NOTE: A clear photocopy of your picture ID is required to verify authenticity of this release. Enrollment Management can make a copy if you deliver this form in person. Otherwise, please make sure a copy is attached before turning this form in.	
Signature of Student Date_	SSN#
FERPA pertains to the release of record only. It does not give others the right to act on your behalf or change your records. Original must be kept on file in the Division of Enrollment Management. Copy will be provided to the student.	