

Please print or type information listed.

Student I. D. or SSN										Student's Name (Last Name, First Name, Middle Initial)					Date of Birth			
Address (Street/Box/Apt)										City			State		Zip Code		Phone Number	
Student's Signature												Date						

Parent/Guardian/Spouse to whom information may be released.

Name (Last Name, First Name, Middle Initial)					Address (Street/Box/Apt)			City		State		Zip Code	
Area Code and Phone Number					Parent/ Guardian/Spouse's Signature							Date	

Other Parent/Guardian to whom information may be released.

Name (Last Name, First Name, Middle Initial)					Address (Street/Box/Apt)			City		State		Zip Code	
Area Code and Phone Number					Parent/ Guardian's Signature							Date	

The purpose of this consent form is to allow parental/spouse access to student information contained in the Office of the Registrar, in compliance with (FERPA) the **Family Education Rights and Privacy Act of 1974**, as well as the amendments of this act.

The parent/guardian/spouse may request information in writing or in person with picture identification at the Office of the Registrar. It is recommended that if you wish to come to the office that you call first to ensure that the Registrar, at (870) 248-4015, is indeed going to be in the office at the time you are planning to come for the information.

This consent form will also be used for access to Financial Aid and Student Account information. Please write or visit the Financial Aid or Student Accounts offices to obtain information. You may request financial aid information from the Director of Financial Aid at (870) 248-4020. For information regarding student accounts, you may call (870) 248-4000 ext. 4033.

Even with this consent, we cannot discuss this information over the telephone, unless the call originates from BRTC's offices. Information cannot be requested via internet or by any means other than in person with picture identification or by letter with the signature of the above parent/guardian/spouse. For any additional information, please contact the Registrar at (870) 248-4015.

The student may revoke this consent at any time; however, each parent/guardian/spouse listed will be notified of the revocation by the Office of the Registrar.

STOP! (Please fill out the form below ONLY if you are revoking the parental/guardian/spouse's rights.) STOP!

I hereby REVOKE the right of the parent(s)/guardian(s)/spouse listed above to receive any information concerning my academic records, and I am aware that they will be notified of the revocation of this right.

 Student's Signature

_____-_____-_____
 Social Security Number

 Date

Black River Technical College
Office of the Registrar
P. O. Box 468
Pocahontas, AR 72455

FOR OFFICE USE ONLY

 Date Parent/Guardian/Spouse Notified

 Initials