



**Arkansas State
UNIVERSITY
MOUNTAIN HOME**

PERMISSION TO RELEASE STUDENT INFORMATION

Date: _____

1600 S College St
Mountain Home, AR 72653
Phone: 870-508-6104
FAX: 870-508-6287
admissions@asumh.edu

Student Printed Name

SSN or Student ID

Student Signature

I give permission to Arkansas State University Mountain Home Registrar and Admissions Office to release my said records/information to:

- All Records and/or Information
- Academic Records
- Financial Aid Records
- Payment Records
- Other _____

Authorized Party Information

Printed Name

Relationship to Student

Authorized Party Information

Printed Name

Relationship to Student

DO NOT SIGN BELOW this line unless you want to **REVOKE** your permission to have your information released to said party

REVOCAATION

Student Signature _____

Date of Revocation _____