

Student Consent Form for Parental/Guardian Access

(Optional)

Parking Services
2301 E. Johnson Ave, Ste. D
Jonesboro, AR 72405
tel (870) 972-2945 ~ fax (870) 972-3980

Please print or type all information listed.

Student I.D.										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 to whom information may be released.

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

The purpose of this consent form is to allow parental access to student information contained in the Parking Services office, in compliance with (FERPA) the **Family Education Rights and Privacy Acts of 1974**, as well as the amendments to this act.

The parent/guardian may request information in writing or in person with picture identification at Parking Services. It is recommended that if you wish to come to the office, that you call first to ensure that the Director, David R. McKinney, is indeed going to be in the office at the time you are planning to come for the information.

This consent form cannot be used for access to Student Account information. Please write or visit the Student Accounts Office to obtain information. For information regarding student accounts, **please contact the Office** of Student Accounts at 870-972-2285.

Even with this consent, we can not discuss this information over the telephone, unless the call originates from ASU's offices. Information cannot be requested via the Internet or by any means other than in person with picture identification or by letter with the signature of the above parent/guardian. For any additional information, please contact David R. McKinney, Director of Parking Services, at 870-972-2945.

The student may revoke this consent at any time; however, each Parent/Guardian listed above will be notified of the revocation by Parking Services.

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

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

_____ Date

_____ Student's Signature

_____ Student ID Number

Arkansas State University

Parking Services
2301 E. Johnson Ave., Ste. D
Jonesboro, AR 72405

FOR OFFICE USE ONLY

_____ Date Parent/Guardian Notified

_____ Initials

For your mailing convenience, drop this form into a No.10 window envelope.