

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT

CONSENT FORM

I give permission for my parent(s)/guardian(s) _____,
to review all of my educational records (including financial records) maintained by Ouachita
Baptist University. I understand that this release gives the Ouachita administration and faculty
permission to discuss information with the persons listed above.

Student's Signature: _____

Student ID # : _____

Date: _____

This release will be filed in the student's permanent academic folder in the Registrar's Office at
Ouachita Baptist University and is valid unless revoked in writing.

Ouachita Baptist University - Registrar's Office - P.O. Box 3757
Arkadelphia, AR 71998-0001
Phone: 870-245-5578 Fax: 870-245-5194