

Consent to Release Personal Information

Enter the name(s) of the individual(s) with whom you authorize ADHE to discuss your personal information. Do not enter an organization, such as "UALR", or generic identification, such as "my parents", or Mr. and Mrs. Smith."

I, _____, hereby give permission for the Arkansas Department of Higher Education to discuss my personal information with _____. I understand that I am foregoing my privacy rights with regards to any and all information that ADHE has to any and all individuals named in this release.

Student Name: _____

Last 4 of Student SSN: _____

Student Signature: _____

Date: _____

Send the completed form to the Arkansas Department of Higher Education using one of the following methods:

Fax: 501-371-2001 (Attn: Financial Aid)

E-mail: Scan the completed form to a pdf document and e-mail that document to finaid@adhe.edu (Subject: Consent Form)

Mail: Arkansas Department of Higher Education
Attn: Financial Aid
423 Main Street, Suite 400
Little Rock, AR 72201