

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](mailto:finaid@adhe.edu) (Subject: Consent Form)

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