



Registrar's Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7567 | www.uacccm.edu

THIRD-PARTY REGISTRATION ACCESS FORM

This form is used by a student to allow a third-party to act as his/her agent during the registration process. Submission of a signed completed form to the Registrar's Office will give authorization to the staff and faculty of University of Arkansas Community College at Morrilton permission to discuss student academic and/or financial aid information relating to the student's file.

STUDENT

Name: _____ I.D./S.S. No. _____

Enrollment Period: _____ Major: _____

TYPE OF ACCESS GIVEN

Please initial by access granted

Restricted access to only student academic files used in the determination of eligibility for course(s) registration

Restricted access to only student financial aid records used in the determination of financial aid for the current registration period.

Unrestricted access to student academic and financial aid files.

THIRD PARTY (picture identification required at time of registration)

Name: _____ Relationship: _____

Note: Questions about student academic and financial aid information will not be discussed over the telephone or through email. Information will only be released after written permission is given by the student. Faxed copy of a request for release of information/documents will only be processed after student signature on the release is verified with the student's signature in his/her academic file. Faxed requests should be sent to 501-977-2123. This form is only valid for the enrollment period listed above.

SIGNATURE

Signature: _____ Date: _____
Student

Signature: _____ Date: _____
Registrar