



REGISTRAR'S OFFICE

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2052 | 1-800-264-1094 | Fax: (501) 354-7566 | www.uaccm.edu

STUDENT ACADEMIC RECORDS STATEMENT OF ACCESS

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

Please consider this statement as my written permission to allow the following individual to have access to my academic records maintained by the Registrar's Office.

Type of Access: (Please initial your preference)

_____ Restricted view access to records indicated below:

_____ Permission to transport records indicate below:

Name: _____ Relationship: _____

Must show photo ID at time of access.

NOTE: This access can only be permitted after proper identification or signature is provided and this form is approved by the Registrar's Office.

Signature: _____ Date: _____

UNLESS REVOKED, THIS FORM WILL BE VALID FOR ONE ACADEMIC YEAR (AUGUST 1-JULY 31).

Students have the right to revoke this form at anytime by contacting the Registrar's Office.

Revoked

Signature: _____ Date: _____
(Student)

Signature: _____ Date: _____
(Registrar's Office)