

**Release of Student Information Authorization Form  
(Act 605 of 2009)**

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether he/she authorizes the Department of Higher Education and/or JRMC School of Nursing to release his/her individual personal information listed below to the Bureau of Legislative Research.

(If a student is under the age of eighteen years old and is not legally emancipated, a parent or legal guardian shall complete and sign the authorization form.)

For each student who authorizes the release of his/her individual personal information, the Bureau of Legislative Research will receive the following information:

1. A unique student identifier;
2. Status for Federal Pell Grant;
3. Postsecondary grade point average;
4. Number of semester hours attempted;
5. Number of semester hours completed;
6. Gender, race, ethnicity and age;
7. High school graduated from or General Educational Development test score;
8. High school grade point average; and
9. ACT score or ACT equivalent score, if available;
10. Academic progress information.

The Bureau of Legislative Research will collect this information for statistical analyses that will assist the Arkansas General Assembly in evaluating whether scholarships should be increased in number or amount, the need to change eligibility requirements, and the need for other changes to state-supported student financial assistance.

The Bureau of Legislative Research **will not receive or release** a student's name, social security number or a student's or parent's income information.

**A decision to authorize or not to authorize the release of this information to the Bureau of Legislative Research WILL NOT impact a student's eligibility for state-supported student financial assistance, including the lottery-funded scholarship known as the ACADEMIC CHALLENGE SCHOLARSHIP.**

Please check one of the following indicating your authorization, or your decision not to authorize, the release of the individual personal information described above to the Bureau of Legislative Research.  
**ONLY ONE SIGNATURE IS REQUIRED BELOW.**

I **authorize / do not authorize (CIRCLE ONE)** the Arkansas Department of Higher Education and/or JRMC School of Nursing to release my individual information to the Bureau of Legislative Research.

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date