



in partnership with

Arkansas Department of Higher Education / Single Parent Scholarship Project

PERMISSION TO RELEASE CONFIDENTIAL INFORMATION

Section I (required authorization)

I, _____, hereby grant permission to the Single Parent Scholarship
(print name)

Fund serving _____ County to release confidential information provided
(county of residence)

on my scholarship application to the Arkansas Single Parent Scholarship Fund and the Arkansas Department of Higher Education. I understand that this information will be used for statistical purposes only and will not be released to any other organization or individual with the exception of the separately signed authorization below in Section II. This information will be limited to:

- Name
- Social Security Number
- Date of Birth
- County of Residence
- Institution of Higher Learning
- Race
- Gender
- Amount of Scholarship Award

The following optional information *may* be reported:

- High School Attended
- ACT Test Score (or ACT equivalent)
- GED Test Score
- Cumulative GPA (High School and/or College)

→ _____
SIGNATURE DATE

Section II (please check the appropriate box and sign – signature required)

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 she/he authorizes the Arkansas Department of Higher Education and/or the institution of higher education where the student attends to release her/his individual personal information to the Bureau of Legislative Research. The Bureau assists the Arkansas General Assembly by providing statistical analysis of student information. The Bureau will not receive or release a student's name, social security number, or income information.

If authorized, the following individual personal information may be released to the Bureau of Legislative Research:

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 GED test score
8. High school grade point average
9. ACT score or ACT equivalent score
10. Academic progress information

A decision to authorize or not authorize the release of this information to the Bureau of Legislative Research WILL NOT affect eligibility for state-supported student financial assistance, including the ADHE/Single Parent Scholarship.

****Please check only one of the following options and sign below:***

- I authorize the release my individual personal information to the Bureau of Legislative Research.
- I do not authorize the release my individual personal information to the Bureau of Legislative Research.

→ _____
SIGNATURE DATE