

University of Arkansas at Little Rock  
University College  
Office of Academic Advising

Authorization for Internet Transmission of Confidential Educational Records

I am interested in the benefits and convenience of communicating with my academic advisor for purposes of academic advising and consultation by means of the Internet and/or through the use of my E-mail communication system (hereinafter "Electronic Advising"). I understand that the Internet is not absolutely secure and that the possibility does exist that such Electronic Advising communication may be intercepted and/or otherwise may not remain fully confidential. In consideration of the opportunity to receive and benefit from Electronic Advising, I hereby acknowledge and personally accept the risk of such interception and further specifically authorize The University of Arkansas at Little Rock to use, forward, and place (in addition to directory information) in E-mail communication to me at the address listed below, the following educational records, as related to me, for the purpose of Electronic Advising:

Last four #'s of Student ID	Grades, GPA for advising only
Student Schedule of Classes	Course Recommendations
Course Equivalencies	Options for Appeal
Plan of Study	Program/Major Requirements

My signature on this form specifically authorizes the use of my educational records for purposes of Electronic Advising and acknowledges that I agree to assume all responsibility and risk in the event of an inadvertent/inappropriate release of said educational records should an E-mail transmission be intercepted.

I also agree to immediately communicate any changes in my E-mail address to the University and that this authorization will remain effective until specifically withdrawn and revoked by me.

_____	_____	_____
Student Signature	I.D. #	Advisor or Witness
_____	_____	_____
Print Name	Telephone #	E-Mail Address (print)
_____	_____	_____
Street Address City & State		Date

Mail this form to: Office of Academic Advising  
University of Arkansas at Little Rock  
2801 South University Avenue  
Little Rock, AR 72204

OR

FAX this form to: Academic Advising (501)569-8732 OR

Bring this form to: Academic Advising Ross Hall 406

White Copy (Admission and Records)

Yellow Copy (Office of Academic Advising)

Pink Copy (Student)

07/05