

# Equity Assistance Center Consent Form for Release of Information

---

Student's First Name	Middle Initial	Last Name	Grade
----------------------	----------------	-----------	-------

*If the **parents** live at the same address, please list both in #1.*

1. _____ Name(s)  _____ Address  _____ City, State Zip Code  _____ Telephone	2. _____ Name(s)  _____ Address  _____ City, State Zip Code  _____ Telephone
--	--

Under the Family Educational Rights and Privacy Act (FERPA), the **Equity Assistance Center** is permitted to disclose information from students' education records with parental consent. Please check the appropriate box:

- Yes, I consent to the disclosure of any personally identifiable information regarding my allegation(s) for reasons determined by the Equity Assistance Center (EAC), as appropriate. This authorization will remain in effect for the current school year.
  
- No, I do not consent to the disclosure of any personally identifiable information regarding my allegation(s) for reasons determined by the Equity Assistance Center (EAC), as appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If this form is not received within **20 calendar days** of the date of the acknowledgment letter, then the EAC will be unable to gather specific information relating to your student.*

Submit this form via any of the following ways:

**Mailing & Street Address**  
Equity Assistance Center  
Division of Elementary and Secondary Education  
4 Capitol Mall, Box 25  
Little Rock, AR 72201

**Fax Number** 501-682-7288

**Email Address** [ADE.EquityAssistance@ADE.Arkansas.gov](mailto:ADE.EquityAssistance@ADE.Arkansas.gov)



Equity Assistance Center  
501-682-4213

<https://dese.ade.arkansas.gov/Offices/legal/equity-assistance-center>