

Temporary Release of Directory Information

I hereby authorize the UALR William H. Bowen School of Law to release my "directory information," as specified by law, to _____.
(Please Print)

Please retain the signed "Records Policy" form in my permanent student record.

Name (Please Print): _____ T-Number: _____

Signature: _____ Date: ___ / ___ / 20___

Instructions for Completing this Form

1. Complete all information above as requested.

2. Submit the completed and signed form via:

Hand Delivery To the Registrar's Office, First Floor, Room 104

Mail UALR Bowen School of Law
Attention: Registrar
1201 McMath Ave.
Little Rock, AR 72202

Fax (501) 324-9909

Email Note: You must submit a scan with your signature. Email to law-records@ualr.edu.