



# UNIVERSITY OF ARKANSAS

Office of the Registrar

## Graduation Participation Consent Form

Complete this form if you are no longer able to update your graduation information in UAConnect. If you have any questions, please contact the Office of the Registrar at (479) 575-5451 or at [registra@uark.edu](mailto:registra@uark.edu).

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Degree: \_\_\_\_\_

Graduation Term:  Fall  Spring  Summer

Graduation Year: \_\_\_\_\_

I authorize the University of Arkansas to include my name and degree in the Commencement Program and on the Senior Walk.

I DO NOT authorize the University of Arkansas to include my name and degree in the Commencement Program and on the Senior Walk.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

You may submit your consent to the Office of the Registrar by:

Scan and Email to [registra@uark.edu](mailto:registra@uark.edu)

Fax to (479) 575-4651

Drop off at 146 Hunt Hall or 141 Uptown Campus