



REQUEST FOR RELEASE OF CONFIDENTIAL INFORMATION

This form is not to be used to request the release of an academic transcript (grade information). Please use a Transcript Request Form.

Student Name (Please Print) _____

Student ID or SSN _____

Mailing Address _____

Telephone Number _____

Personally identifiable information, other than items classified as directory information by the College, are protected and cannot be released without the student's written request. Additional information concerning the student's "right to privacy" and educational records may be obtained by contacting the Office of the Registrar.

INFORMATION TO BE RELEASED (Please be specific, authorization cannot include final class grade):

RELEASE INFORMATION TO:

Name _____

Address _____

RELEASE THE INFORMATION:

- ☐ As soon as possible
- ☐ At the end of the current semester
- ☐ Upon request by the individual/agency for the period from ____ to ____
(Cannot exceed 12 months from signature date)

I hereby authorize Colorado Mountain College to release the specific information indicated above to the individual/agency specified. I understand that this release authorization is in force for the period of time (not to exceed 12 months) indicated by me above.

Signed _____ Date _____