



Red Rocks Community College Authorization to Release/ Request Information Form

General Information:

- Please allow one week for processing.
- Forms that are not filled out in full or filled out incorrectly may result in a delay in processing.

Student Information: (PLEASE PRINT) * required fields

Student ID number _____	*Birth Date _____
*Name _____	Former name used at RRCC _____
*Current Address _____	Dates of Attendance _____
*City, State, Zip _____	*Phone _____

What is your request?

Check the boxes below if you need the following:

- Include unofficial transcript Include a form to be completed by Red Rocks Community College

How and where should your request be sent?

- Email Fax Mail

Organization _____

Attn: _____

Address _____

Address _____

City, State, Zip _____

Phone or Fax _____

Email _____

By signing this form, you are authorizing Red Rocks Community College to release your academic records and other requested information described above from Red Rocks Community College.

***Signature _____ *Date _____**

Physical signature is required on form. We cannot accept an electronic signature.