



## STUDENT RELEASE OF INFORMATION RED ROCKS COMMUNITY COLLEGE

I authorize the financial aid office to release my financial aid information to the following people.

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
SOCIAL SERVICES

I understand that this authorization is in effect while I am a student at RRCC and that I may cancel or modify at any time.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

Office of Financial Aid: 13300 West 6<sup>th</sup> Ave, Box 4, Lakewood, CO 80228-1255  
Fax: (303)914-6805 Phone: (303)914-6256