



STUDENT RELEASE OF INFORMATION

STUDENT NAME

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Student ID#

I authorize the Financial Aid office to release my financial aid information to the following people:

NAME

RELATIONSHIP

NAME

RELATIONSHIP

OTHER (AGENCIES, ETC.)

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.

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

STUDENT SIGNATURE

DATE

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Office use only:

Logged in RRAAREQ

Note in RHACOMM

Date Stamp/Initial