STUDENT RELEASE OF INFORMATION

STUDENT NAME

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

RRCC SIGNATURE
DATE

This document must be signed and submitted in person to the Financial Aid Office. If you are unable to do so (i.e. live out of state), the Notary Certificate section below must be completed and the ORIGINAL document must be mailed.

Notary’s Certificate of Acknowledgment

State of __________________________________ City/County of ____________________________________________.

On, ________________________, before me, ____________________________________________ personally appeared,
(Date) (Notary’s name)

______________________________________________, and provided to me on the basis of satisfactory
(Printed name of signer)

evidence of identification ________________________________ to be the above-named person who
(Type of government-issued photo ID provided)
signed this document.

WITNESS my hand and official seal.
(seal)

My commission expires on ________________ . (Date)