

**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**\_\_\_\_\_  
**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)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_. (Date)