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.*