

*This form is used to authorize Colorado Mountain College to release specific information from a student's educational records with the written consent of the student.*

The Family Educational Rights and Privacy Act (FERPA) of 1974 was written to protect the privacy of education records. Colorado Mountain College will only disclose information from the student's education records with the written consent of the student.

Additional information concerning the student's "right to privacy" and educational records may be obtained by contacting the Office of the Registrar.

Student Last Name	First Name	MI	Student ID
Address: Street/PO BOX	City	State	ZIP Code
Email	Phone Number		

**Please release the following specific information (e.g. Immunization records, GPA verification...):** \_\_\_\_\_

**This information will be used for the following purpose(s):** \_\_\_\_\_

**Please release the above information to:**

Myself

Other - Name(s) \_\_\_\_\_

**Please send the above information to:**

Myself                      at email above                      mailing address above                      in person (ID required)

Other                              at email below                              mailing address below                              in person (ID required)

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: Street/PO BOX	City	State	ZIP Code
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**I hereby authorize Colorado Mountain College to release the specific information indicated above to the individual/agency specified. I understand that this release authorization is in force only for this specified request. Additional information for additional individuals/agencies must be requested separately.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Processor \_\_\_\_\_ Date \_\_\_\_\_

Etrieve