



STUDENT INFORMATION RELEASE FORM

Please complete and submit this form to the Office of the Registrar.

Student Name: _____

Student ID #: _____

Phone: _____ Email: _____

Requested document(s) or Requested information to be released: _____

Term of verification: Fall Spring Summer Year: _____

Reason for Request: _____

To whom should this letter be address to? _____

Print Complete Address (including ZIP code) or Fax number where document(s) should be sent:

** Information contains Grades will not be faxed and must be mailed or picked up at the Office of The Registrar. All requests will be processed within 5 to 10 business days.

By signing below, I authorize the College to release the above information on behalf of the Office of the Registrar.

Signature: _____ Date: _____