



CONSENT TO RELEASE SPECIFIC CONFIDENTIAL INFORMATION

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. M I. 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

This Form is processed by Registration Staff on Campus

Office of the Registrar
802 Grand Ave. Glenwood Springs, CO 81601
Phone: 970-945-8691 Fax:970-947-8387
[Registrar's email](#)



CONSENT TO RELEASE SPECIFIC CONFIDENTIAL INFORMATION

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. _____

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