

**RELEASE OF INFORMATION AUTHORIZATION**

Used when students want to add/remove another individual to access their records.

\_\_\_\_\_  
Student Name (please print)\_\_\_\_\_  
Student ID Number

I hereby authorize officials of Colorado Mesa University to release information to the parties listed below. I understand that this authorization is in effect until I notify the Registrar's Office, in writing, to cancel this release.

Release information to the following:

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date

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**CANCELLATION**

I hereby revoke the above release of information.

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