

RELEASE OF INFORMATION AUTHORIZATION

Used when students wants 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

Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account.

CANCELLATION

I hereby revoke the above release of information.

Student Signature

Date

Electronic signatures are not accepted. This form must be printed and signed or emailed from your Colorado Mesa University email account.

Date Received: