

**Registrar's Office**

1100 North Avenue • Grand Junction, CO 81501-3122  
1.800.982.6372 • 970.248.1555 (o) • 970.248.1131 (f)  
registrar@coloradomesa.edu

**RELEASE OF INFORMATION AUTHORIZATION**

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

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Student Name (please print)

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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: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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Student Signature

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Date

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

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**CANCELLATION**

I hereby revoke the above release of information.

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Student Signature

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Date

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

Date Received: