



## Request for Release of Information

Name: \_\_\_\_\_ SID: \_\_\_\_\_ or DOB: \_\_\_\_\_

I hereby authorize the release of the below listed information to (if other than self):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

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

by            University of Colorado Colorado Springs  
              Office of the Registrar  
              1420 Austin Bluffs Parkway  
              Colorado Springs, CO 80918  
              Phone: 719-255-3361  
              Fax: 719-255-3116

Please release an unofficial copy of the below listed documents (check all that apply):

\_\_\_\_ High School Transcript

\_\_\_\_ College/University Transcript

Name of College/University requested:

\_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

I give my permission for the listed records and/or information to be released to only the person(s) or organization(s) indicated above. I understand that this request can only be used for records owned by the Office of the Registrar and any other records must be requested through the appropriate department directly.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**\*Photo ID Required\***

Office of the Registrar

Main Hall 108 • 1420 Austin Bluffs Pkwy • Colorado Springs, CO 80918

719-255-3361 • registrar@uccs.edu