



Authorized Release of Student Information

This form must be completed in full and submitted by the student in person to Information Central or Admissions & Records at the Main campus of Arapahoe Community College (ACC).

Student Name: _____ Student ID: _____

Phone: _____ E-mail: _____

I hereby authorize the College to release my student records/information to the following person(s)* or receiving party (*Valid photo ID is required to obtain records in person):

1. Name: _____

Address: _____

2. Name: _____

Address: _____

The College is authorized to release only the following information. Student authorization is indicated by student's initials and date for each type of information to be released. All other non-directory information is not authorized for release.

Student Record	Student Initial	Date Authorized
Admission Application	_____	_____
Billing Information	_____	_____
Class Schedule (including schedule changes)	_____	_____
College Opportunity Fund	_____	_____
Educational Sanctions (Honors, Probation, Suspension)	_____	_____
Final Grade Report	_____	_____
Financial Aid (Awards, Letters, Status)	_____	_____
Scholarship (Awards, Letters, Status)	_____	_____
Transcript (Official and/or unofficial)	_____	_____
Tuition Appeal Information	_____	_____
Withdrawal from College	_____	_____
Other:	_____	_____
Other:	_____	_____

Authorization Statement:

I hereby authorize the College to release the indicated information to the designated person(s) or receiving party shown. This authorization is considered valid until the following date: _____.

Student Signature**: _____ Date: _____

****Student must present a valid photo ID and sign this form in the presence of an ACC employee or Notary.**

County of _____
State of _____
Sworn and subscribed to me this ____ day of _____
My Commission expires _____
Notary Signature _____



Signature of ACC Representative: _____ Date: _____