



STUDENT RECORDS RELEASE FORM

Permission to Release Education Record Information

Requested by (Student):

Release to (Recipient):

Last Name First Name

Last Name First Name

Student Identification Number

Organization/School

Term

Address

City, State Zip

Education record information to be released:

No student information will be released by phone or email.

Purpose of release:

I give permission for Pueblo Community College to release the specified information to the recipient listed above. I understand this release is good only for the term listed above.

Student Signature

OFFICE USE ONLY

Action Take: [] Completed [] Filed [] Held [] Other:

This original form must be forwarded to the Records Office Pueblo Campus, College Center, Room 224

All requests for student records must be forwarded to the Records Office, Pueblo Community College, 900 West Orman Ave, Pueblo, CO 81004