UCCS Office of the Registrar
UNIVERSITY OF COLORADO
COLORADO SPRINGS

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 Sprlngs1 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 understand that I give my permission for the records and/or information to be obtained from or released to only the person(s) or organization(s) indicated above.

________________________________ ________________

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

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