



Please return via fax or email to the attention of the Office of the Registrar. For an official transcript, please complete an Official Transcript Request form at www.rockies.edu.

University of the Rockies, Office of the Registrar, 1201 16th Street, Suite 350, Denver, CO 80202
◆ Tel: 866.621.0124 ◆ Fax: 888.226.6319 ◆ Email: student.records@rockies.edu

University of the Rockies, Denver Instructional Site, 1201 16th Street, Suite 200, Denver, CO 80202
◆ Tel: 303.446.5867 x 8248 ◆ Fax: 888.226.6319 ◆ Email: dis.registrar@rockies.edu

Student Information

First Name: _____ Last Name: _____ Student ID: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Start Date: _____ Admissions Counselor/Student Advisor: _____

Information Requested for Release

To obtain grade history, or an official transcript, please complete an *Official Transcript Request* form at www.rockies.edu.

- Enrollment Status/Good Standing Letter
- Verification of Enrollment History
- Verification of Remaining Degree Requirements
- Additional/Other Information Requesting _____

Purpose of Release

- Personal
- Professional
- Other _____

Person / Agency to Whom Information May Be Released

First Name: _____ Last Name: _____ Email: _____

Relationship to Student: _____

Purpose of Release: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ Fax: _____

Method of Delivery

- Mail (provide address above)
- Fax (provide number above)
- Email (provide address above)

Authorization

I understand that the student record information provided may include, but is not limited to: directory information, non-directory information, and / or relevant financial information (including federal aid related information). I understand and agree that by signing this authorization, I am waiving my rights of nondisclosure of my student records under the Family Educational Rights and Privacy Act (FERPA) with respect to the persons or entities specifically listed herein. I hereby release and hold harmless University of the Rockies from any and all claims and liabilities that may arise from my instructions, including unauthorized viewing of my student information by unintended recipients of mail, email or fax transmissions. This executed FERPA Release form will be retained in my student records for one year as a record of authorization for release.

I, (print name) _____, authorize the release of the information indicated above to the person / agency indicated.

Student Signature: _____ Date: _____