



**1 College Place, Claremont, NH 03743-9707
438 Washington Street, Keene, NH 03431**

AUTHORIZATION TO RELEASE INFORMATION

I give permission to River Valley Community College to release information on my (check all that apply):

- Application to the College
- Enrollment
- Attendance
- Grades
- Billing
- Financial Aid
- Other (specify): _____

Information may be released to:

Name: _____

Address: _____

Student Name: _____ RVCC ID: @ _____

Program: _____

Student Signature: _____ Date: _____

Return this completed form to:
Attn: Registrar's Office
River Valley Community College
1 College Place
Claremont, NH 03743-9707
Fax: (603) 543-1844