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River Valley Community College
1 College Place, Claremont, NH 03743
438 Washington Street, Keene, NH 03431
15 Hanover Street, Lebanon, NH 03766

www.rivervalley.edu 603-542-7744 rivervalley@ccsnh.edu

AUTHORIZATION TO RELEASE INFORMATION FORM

A _____, _____
Student ID# Last Name First Name MI

Address: _____
Street/PO Box, Apt # City State Zip Code

Email Address: _____

Telephone #: _____ Academic Program: _____

By signing below, I give permission to River Valley Community College to release information, to the person listed below, regarding my (check all that apply):

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

My information may be released to:

Name: _____

Address: _____

(This address will be used to confirm the identity of the person to which you are giving permission. If you have another identifying piece of information you would like us to ask, please include it here: _____)

Student Signature: _____ **Date:** _____

Please email this completely filled out and signed form to: RVCCRegistrar@ccsnh.edu
You may also fax it to: (603) 543-1844 or Mail it to: RVCC, Attn: Registrar's Office, 1 College Place, Claremont, NH, 03743

Registrar's Office Use Only

Notes: