

REQUEST FOR RELEASE OF PERSONAL INFORMATION

Black River Technical College
 Office of the Registrar
 PO Box 468
 Pocahontas, AR 72455

Telephone 870-248-4000
 Fax Number 870-248-4100

(NOTE: Under certain circumstances, request for release may be denied)

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LAST NAME **FIRST NAME**

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PREVIOUS LAST NAME **SOCIAL SECURITY NUMBER**

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MAILING ADDRESS **APT#**

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CITY **STATE** **ZIP**

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TELEPHONE NUMBER **DATE OF BIRTH** **EMAIL ADDRESS**

PLEASE CHECK REQUESTED DOCUMENTS:

<input checked="" type="checkbox"/>	DESCRIPTION	QTY	<input checked="" type="checkbox"/>	DESCRIPTION	QTY
	BRTC OFFICIAL TRANSCRIPT			OTHER	

MAIL INFORMATION TO:

MAIL INFORMATION TO:

--	--

NAME **NAME**

--	--

ADDRESS **ADDRESS**

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CITY **CITY**

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STATE **ZIP** **STATE** **ZIP**

I authorize the Black River Technical College to provide/mail copies of my personal documents.

SIGNATURE

DATE

Institutional use only:

Date Received: _____ Financial Hold: _____ Academic Hold: _____ Date Mailed: _____ Prepared by: _____