

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

--	--

PREVIOUS LAST NAME

SOCIAL SECURITY NUMBER

--	--

MAILING ADDRESS

APT#

--	--	--

CITY

STATE

ZIP

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TELEPHONE NUMBER

DATE OF BIRTH

EMAIL ADDRESS

PLEASE CHECK REQUESTED DOCUMENTS:

<input checked="" type="checkbox"/>	BRTC OFFICIAL TRANSCRIPT	QTY	<input checked="" type="checkbox"/>	OTHER	QTY
	REASON FOR REQUEST			IF TRANSFERRING, WHAT DEGREE ARE YOU SEEKING	

MAIL INFORMATION TO:

MAIL INFORMATION TO:

--	--

NAME

NAME

--	--

ADDRESS

ADDRESS

--	--

CITY

CITY

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STATE

ZIP

STATE

ZIP

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

SIGNATURE _____ DATE _____