

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

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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
<input type="checkbox"/>	BRTC OFFICIAL TRANSCRIPT		<input type="checkbox"/>	BRTC UNOFFICIAL TRANSCRIPT	
<input type="checkbox"/>	PLACEMENT TEST SCORES		<input type="checkbox"/>	COPY OF HIGH SCHOOL TRANSCRIPT OR GED	
<input type="checkbox"/>	IMMUNIZATION RECORD		<input type="checkbox"/>	COPY OF OTHER COLLEGE TRANSCRIPTS	
<input type="checkbox"/>	LETTER OF GOOD STANDING		<input type="checkbox"/>	VERIFICATION OF ENROLLMENT	

MAIL INFORMATION TO:

MAIL INFORMATION TO:

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NAME

NAME

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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: _____
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