

 ${\it Office~of~Records~\&~Registration} \\ Richard~Bland~College \\ 11301~Johnson~Road-South~Prince~George,~VA~23805~804-862-6100~ext.~6247~FAX-804-862-6206$ 

## STUDENT INFORMATION RELEASE

| STUDENT INFORMATION   |                                |   |  |
|---|--------------------------------|---|--|
|   |                                | <b>R#</b><br>Student ID #   |  |
| Student Name (Last, First, MI)  |                                |   |  |
|   | ()                             |   |  |
| RBC Email Address   | Phone #                        | Effective Date of this Request  |  |
| READ CAREFULLY  |                                |   |  |
| send your completed form from   | your RBC email add             | ress only to recordshelp@rbc.edu  |  |
| records for the tenure of your enrol<br>indicated below.  |                                | of your academic, financial and disciplinary ollege of William & Mary to the individual(s)      |  |
| Person(s) who <b>may</b> access your records  Relationship to the student (Parent, Spe                            | ouse, Employer, etc.)          |   |  |
| Please select a passcode and provide it t   | to the person(s) who may acces | ss your records listed above  |  |
| ( <b>NOTE</b> : Passcode must be a combinatio *not case-sensitive   | n of 6 characters, numbers an  | d/or letters*)  |  |
| <b>Student Declaration:</b><br>I understand the Family Rights and Pri<br>Bland College to release academic, finan |                                | y rights in accordance with the Act, I request Richard<br>emation to the person(s) named above. |  |
| Signature   |                                | Date  |  |