



One College Circle
Malvern, Arkansas 72104
501.337.5000 or 800.337.0266
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INFORMATION RELEASE REQUEST

NAME _____ SOC. SEC.# _____
Last First (Maiden) M.I.

CURRENT _____ TELEPHONE _____
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ADDRESS _____ DATE OF BIRTH _____
City State Zip Code

INFORMATION NEEDED _____

SIGNATURE _____

Please mail to address below:

I will pick-up letter or completed form on

DATE _____

TIME _____