

Office of the Registrar

White Mountains Community College
2020 Riverside Drive
Berlin, NH 03570
Fax: 603-752-6335
Tel: 603-752-1113

AUTHORIZATION TO RELEASE RECORDS

Authorization

I authorize *White Mountains Community College* to release, send, or open to inspection, transcripts maintained at the College. I understand that a charge of \$3.00 per transcript is required prior to its release.

_____	_____	
Print Student's Name	Last four digits of SS #	
_____	_____	
Address	Phone	

City	State	Zip

List other names used on school records (if applicable): _____
Academic year(s) in which credits were earned _____

I request this information be forwarded to:

College/Other: _____
Attention: _____
Address: _____
City/State/Zip: _____

Student Signature: _____

For Registrar Only: Date Fee Paid: _____ Date Record Released: _____