

OFFICE OF THE REGISTRAR

White Mountains Community College
2020 Riverside Drive
Berlin, NH 03570
Phone: 342.3020 * Fax: 752.6335
lprovost@ccsnh.edu

AUTHORIZATION TO RELEASE RECORDS

Authorization

I authorize *White Mountains Community College* to release, send or open to inspection, transcripts maintained at the College.

_____	_____
Print Student's Full Name	000-00- Last four digits of SS #
_____	_____
Address	Date of Birth
_____	_____
City State Zip	Phone/Email Address

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: _____

All transcripts are complimentary

For Office Use Only:
Date Record Released: _____