

# OFFICE OF THE REGISTRAR

White Mountains Community College  
2020 Riverside Drive  
Berlin, NH 03570  
Phone: 603-342-3050 \* Fax: 603-752-6335  
WMCCTranscripts@ccsnh.edu

## AUTHORIZATION TO RELEASE RECORDS

**\*Effective March 2022, there is a \$5.00 charge for each transcript requested.\***

All seven colleges within the Community College System of NH (Great Bay, Lakes Region, Manchester, Nashua, NHTI, River Valley, White Mountains) can view all grades from within the System. Official transcripts do not need to be sent to other CCSNH colleges. Please contact your campus to let them know you have grades from another CCSNH college or colleges.

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

_____	000-00-_____
Print Student's Full Name	Last four digits of SSN
_____	_____
Address	Date of Birth
_____	_____
City                      State                      Zip	Primary Phone # and 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:** \_\_\_\_\_

Cash, Check, VISA, Mastercard, & Discover Accepted

# of Transcripts \_\_\_\_\_ x\$5      Paid \_\_\_\_\_      Date \_\_\_\_\_