



Continuing Education

Student Permission for Release of Academic Records

I hereby give Edgecombe Community College permission to release my unofficial Continuing Education transcript to person(s) or places(s) designated by me. *Edgecombe Community College does not accept faxed requests for transcripts or academic records.*

First Name

Last Name

Signature

Date

ECC Student ID Number or Last 4 digits of SSN

Telephone Number

1. Release to student only _____
2. Release to (agency, employer or individual) listed below:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

Please submit this request to:

continuinged@edgecombe.edu

OR

Attn: CE Registrar
Continuing Education – Fleming Building
Edgecombe Community College
2009 W. Wilson Street
Tarboro, NC 27886