



**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 or e-mailed requests for transcripts or academic records.*

\_\_\_\_\_  
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 written request to:***

**Continuing Education – Fleming Building  
Edgecombe Community College  
2009 W. Wilson Street  
Tarboro, NC 27886**