



Student Permission for Release of Academic Records

I hereby give Edgecombe Community College permission to send my official college academic record to person(s) or place(s) designated by me. **Edgecombe Community College does not accept faxed or emailed requests for academic records.** Each student academic record is released at the rate of **\$8** per copy. Requests mailed without the check or money order will not be processed.

Social Security Number or ECC Student ID Number

Date

Signature

Telephone Number

Request:

- | | |
|--|--|
| <input type="checkbox"/> Curriculum Transcript | <input type="checkbox"/> Continuing Education Transcript |
| <input type="checkbox"/> Placement Test Scores | <input type="checkbox"/> Combined Transcript (Curriculum and Continuing) |

1. Release to: _____

2. Release to: _____

3. Release to: _____

**Please send this written request, along with the fee to:
Edgecombe Community College
Registrar
2009 West Wilson Street
Tarboro, NC 27886**