

OFFICE OF THE REGISTRAR

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

AUTHORIZATION TO RELEASE RECORDS Transcript Request Form

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 SS #
_____	_____
Mailing Address	Date of Birth
_____	_____
City State Zip Code	Primary Phone Number

	Email Address

List other names used on school records (if applicable): _____
List academic year(s) in which credits were earned _____

I request this information be forwarded to:

College/Other: _____
Attention: _____
Mailing Address: _____
City/State/Zip: _____

ALL TRANSCRIPTS ARE COMPLIMENTARY

For Office Use Only: Date Record Released: _____ Student ID: _____