



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 \$1 per copy. Requests mailed without the fee will not be processed.

Signature

Date

Social Security Number or
ECC Student ID Number

Telephone Number

Dates of Attendance _____

Request: Transcripts

Placement Test Scores

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