

# BRUNSWICK COMMUNITY COLLEGE

Please Mail

To Be Picked Up

GED/AHS

Continuing Education

**TO WHOM IT MAY CONCERN:**

I hereby give Brunswick Community College permission to release my transcript to the following school, agency or industry that desires such information concerning my future education, training, or employment.

---

Agency/School/Student requesting transcript

---

Mailing Address

Telephone Number

---

City

State

Zip

---

Student Signature

Date

---

Student Social Security Number

Date of Birth

**FOR OFFICE USE ONLY**

DEPT REP \_\_\_\_\_

PROCESSING DATE \_\_\_\_\_