

Please MailTo Be Picked Up

GED/AHS

O 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
<u>FC</u>	OR OFFICE USE ONLY	
DEPT REP	PROCESSING DATE	

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