



COMMUNITY COLLEGE

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**TRANSCRIPT REQUEST
WRITTEN CONSENT WAIVER**

Transcripts or enrollment verifications will not be released by e-mail. Federal law requires all schools to obtain the student's signature to release such records.

PLEASE ALLOW 48 HOURS FOR PROCESSING.

I, _____, waive to Pamlico Community College my right of written consent for the release of information contained in my student records to:

(Name)

(Street, PO Box, Route)

(City, State, and Zip)

I fully understand that this waiver governs all information defined as student records by Pamlico Community College and the Family Education Rights and Privacy Act of 1974.

(Signature of Student)

(Social Security Number)

(Date)

(Date of Last Attendance)

(Witness)