

RELEASE OF TRANSCRIPT FORM

TO: Registrar, Calhoun Community College

SUBJECT: Authorization for Release of Transcript

This is authorization that my transcript be released to (check one below):

() Any company interested in considering me for a co-op position

() Only the companies listed below:

This authorization for release of transcript shall remain in effect until I prohibit release by notifying the Registrar, Calhoun Community College, in writing that my transcripts are to no longer be released to the designated area listed above.

Signature of Student

Student Number

Date