

PRINT your Name and Address:

Social Security Number	Phone	

Student Name		

Street		

City	State	Zip

I hereby grant permission to the Registrar of Corning Community College to release any information relating to my academic record at Corning Community College, to the recipient named below.

Student Signature Date

PRINT Recipient Name and Address:

Recipient Name		

Street		

City	State	Zip

Number of copies Send now Send at semester's end
 Send Official Transcript Send General Education Transcript (SUNY Colleges)

This completed and signed form may be faxed to the Registrar's Office at 607-962-9520, or it may be mailed to: Corning Community College Registrar, 1 Academic Drive, Corning, NY 14830.