

EASTERN WYOMING COLLEGE RELEASE OF INFORMATION FORM

Student's Name (Full legal name during attendance)

Date of Birth

Social Security Number

I hereby request and authorize officials at Eastern Wyoming College to release the following information concerning myself:

Send Immediately

and/or, Send After Grades

of Copies:

Official College Transcript

Unofficial College Transcript

E-Mail Transcript (I understand that e-mail is not a secured mode of transmission and that my transcript includes my Social Security Number)

Placement Test Results

Other Records: _____

For the Purpose of:

College Admissions

Job Application

Other: _____

Please release this information to:

Name (College, Institution, Employer, or Individual)

FAX, E-Mail, or Street Address

City

State

Zip Code

Released by:

Student's Signature

Today's Date

Current Address

City

State

Zip Code

* * * * *

Transcript Clerk

Date Sent