

# COLLEGE TRANSCRIPT RELEASE FORM

**NOTICE TO APPLICANT:** Please be sure to send this form to the College(s) that you need the transcript request from. **Do not send this form back to PRCC.** If you do, and we do not receive your transcript(s), by the ***October 1st deadline***, your file may be considered incomplete. It is your responsibility to send this form to the necessary school(s).

Name: \_\_\_\_\_  
(Last) (Maiden) (First) (Middle)

Date of Attendance/Graduation: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

I am requesting the records department of \_\_\_\_\_  
(Name of College you attended)

To release my transcript to:

***Pearl River Community College  
Office of Admissions  
5448 US Hwy 49 South  
Hattiesburg, MS 39401***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Notice to College:*** Please send an official Transcript for the following Pearl River Community College Surgical Technology Program applicant. ***Please send via eScript.***

*This form may be duplicated if necessary.*