



Request to Release Education Records

Name: _____ Student ID _____

Address: _____
Street City State Zip

I do hereby give my permission to Eastern Shore Community College
to release the information listed below to:

Company/Organization

Address

City State Zip Code

Item(s) of information to be released:

Student Signature: _____ Date: _____

Form must be submitted in person at the office below, along with a picture ID. Otherwise a Notary signature is required.

I am not submitting my form in person. My notary verification is below.

Notary: _____ Commission Exp: _____

Return Completed Form to:

Registrar, Eastern Shore Community College, 29300 Lankford Highway, Melfa, VA 23410