



OFFICIAL TRANSCRIPT RELEASE AUTHORIZATION

This form is for use by students who wish to have official transcripts from other schools sent to Central New Mexico Community College

TO: _____
Name of institution to which request is being sent.

I hereby give authorization to release my transcript to:

**Student Records Office
Central New Mexico Community College
525 Buena Vista SE
Albuquerque, NM 87106**

Name(s) I attended under: _____

First Year attended: _____ **Last Year attended:** _____

Date of Birth: _____ **Student ID#:** _____

Any fee required for transcript should be billed to student at address below:

Student Name: _____

Current mailing address: _____
Street / Apt # / P.O. Box

City

State

Zip

Student's Signature: _____