



Authorization to Release Grades/transcripts for Dual-Credit Students

Student's Name:

Student's ID Number:

Date of Birth:

I hereby authorize the Registrar's Office at Itawamba Community College to send grades earned during my dual-credit enrollment and an official transcript at the end of each semester of dual-credit attendance. I understand that my high school counselor and/or principal require this official documentation of my college work in order to determine its applicability towards my high school graduation requirements.

I understand that this authorization is good for an official copy of my grades and/or transcript each semester of my dual-credit enrollment and that the transcript must be sent from Itawamba Community College, directly to the high school. I further understand that any additional copies that I may want for my own personal use or to another institution must be requested in person, my mail, or online and be accompanied by payment for the transcript.

Student Signature

Date

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Authorized Recipient:

High School

City, State, Zip

Guidance Counselor

Telephone