

The Education Center

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TRANSCRIPT RELEASE FORM

Date of Request: _____

I hereby authorize The Education Center School ("ECS") to send my transcripts to the following:

School Name: _____

School Mailing Address:

Student Information:

Last Name:	_ First Name:	_ Maiden Name:	_
Birthdate:	Social Security Number:		_
Current Address:			
Current Telephone Number:			

Current Email Address: _____

Please complete this form and return it to The Education Center School, along with the $$10.00^{1}$ transcript fee. This form must be entirely completed, and the fee must be paid **BEFORE** we will send the transcript.

¹There will be an additional \$10.00 archival fee for any student who graduated from (or last attended) ECS before 1993.

The Education Center School is non-discriminatory and fully accredited.