**New Hampshire Transfer Connections**

**Confirmation of Interest Form**
**Authorization to Release Educational Record**

**I am interested in participating in the NH Transfer Connections Program. I authorize NHTI, Concord's Community College and _____ to share my educational records.**

**Please print:**

**Name:** _____
**First** **Middle** **Last**

**Street:** _____

**City:** _____

**State:** _____

**Zip Code:** _____

**Email address:** _____

**Phone number:** _____

**Date of Birth:** _____ **Last 4 Digits of SSN:** _____

**Signature and date:** _____

**Return this form to:**

**Registrar's Office**
**NHTI, Concord's Community College**
**31 College Drive**
**Concord, NH 03301**
**FAX Number: 603-271-6431**