



Third Party Authorization

NAME: _____ **ID:** _____
(Please print)

ADDRESS: _____ **PHONE Home:** _____

Work: _____
Cell: _____

E-MAIL: _____

OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS: _____

DOB: _____

I authorize _____ **to** *(check all that apply):*

OFFICIAL TRANSCRIPT

- Request my official transcript
- Pick up my official transcript

OTHER DOCUMENTS

- Request and pick up my unofficial transcript
- Pick up my certificate/diploma:
- Please specify degree: _____

REGISTRATION

Make any changes to my registration as he/she sees fit. I understand that I am still fully responsible for any charges and maintaining compliance with any policies and deadlines that may apply.

OTHER

Please be *very* specific: _____

I have notified the party listed above that this request will not be honored without this form and his/her photo identification.

STUDENT SIGNATURE: _____ **DATE:** _____

OFFICE OF ADMISSIONS AND RECORDS USE ONLY:

Received by: _____ Date: _____