



# 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 THE REGISTRAR USE ONLY *(place in student's file when completed)*:

Signature Matched:  Yes  No      Comments: \_\_\_\_\_  
*(Explain Any Exceptions)*

ID Verified:  Yes  No      Released By: \_\_\_\_\_  
*(Staff Signature)*

ID Photocopied:  Yes  No      Date: \_\_\_\_\_