



# 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: \_\_\_\_\_