

## Authorization to Pick Up Transcript

Student Name: \_\_\_\_\_

Student ID No. \_\_\_\_\_

Graduation Date \_\_\_\_\_

Address \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

I, the undersigned, hereby authorize \_\_\_\_\_ to order and pick up  
my transcript on \_\_\_\_\_.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_