



AUTHORIZATION TO RELEASE INFORMATION

Please note, any request for an official transcript must be approved by the Office of the Dean.

Please be specific with reason for this request. Any official transcript must be sent directly from the Office of the Registrar directly to the designated individual/institution.

Student Name MS Year/PB Student Signature
Date of Request _____ Deadline for Request _____

INFORMATION BEING REQUESTED

_____ Official Transcript (name and address of person/organization to whom transcript is to be sent)

Reason for Request: _____

- ___ Unofficial Transcript (see below)
- ___ Certificate of Enrollment (see below)
- ___ Other (Please explain) _____
- ___ Permission for review of my Academic File (specific reason for request and name of person to review file)

INSTRUCTIONS FOR CERTIFICATION /UNOFFICIAL TRANSCRIPT:

(MAILING: (INCLUDE NAME & ADDRESS); FAXING: (INCLUDE NAME & FAX #; PICK-UP, ETC.)

Leave completed form with the Registrar's Office

ALLOW UP TO 7 BUSINESS DAYS FOR PROCESSING

For Office use only:

Authorized signature/initials: _____ DATE COMPLETED: _____ Date Mailed: _____