

## Transcript Request

### Authorization and Consent for Disclosure of Records

From:

Addressee:

\_\_\_\_\_

(Authorization Name)

\_\_\_\_\_

(Date of Birth)

\_\_\_\_\_

(Address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Release Information To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone:

\_\_\_\_\_

Fax:

\_\_\_\_\_

I hereby authorize and consent to the addressee, to disclose to the above listed entity, the records in your possession concerning my education and graduation.

\_\_\_\_\_

(Authorizer's Signature)

\_\_\_\_\_

Date