

# THIRD PARTY AUTHORIZATION FORM

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Student's First Name

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Student's Last Name

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Student ID Number

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Email Address (MU email if current student)

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Daytime Phone Number

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## AUTHORIZATION:

***I hereby authorize the following person(s):***

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Third Party (please provide first and last name)

**to pick-up the following record from the Office of the Registrar:**

- ☐ Official Transcript
- ☐ Enrollment Verification
- ☐ Diploma

The student making the request must include a copy of their photo ID (i.e. MU ID card, driver's license, or passport). The authorized individual must bring his or her photo ID (i.e. MU ID card, driver's license, or passport) when picking up the requested document.

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Student Signature

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Date

**\*Note: This does not substitute as a certification or transcript request. The appropriate request form (i.e. transcript request form, certification services form) must be submitted by the student prior to the document being ready for pick up.**

**This consent form is valid for only one use.**

REGISTRAR'S OFFICE USE ONLY	
<input type="checkbox"/> ID Confirmed	
_____ Staff Initials	_____ Date