

## Third-Party Authorization Form

This form can be filled out with Adobe Acrobat and then printed for signatures. Upon completion, this form should be returned to Texas A&M University, Office of the Registrar, P.O. Box 30018, College Station, TX 77842-3018; or General Services Complex, Suite 1501. Any questions may be directed to 979-845-1031 or [registrar@tamu.edu](mailto:registrar@tamu.edu).

**Students/Former students complete this form to authorize a third-party (family, spouse, friend, etc.) to retrieve your academic records. This authorization is valid for one records request only. Please note this is a supplemental form which may need to be submitted in addition to certain Office of the Registrar request forms (ex – Transcript Request Form). This request may be submitted in person, fax, mail, or email attachment.**

### Current or Former Student Information:

|   |                                       |                                     |
|---|---------------------------------------|-------------------------------------|
|   |                                       |                                     |
| Full Name as it appears on Student Record | Universal Identification Number (UIN) | Date of Birth (if UIN is not known) |

|                     |    |                         |  |
|---------------------|----|-------------------------|--|
| Dates of Attendance |    | Phone Number (current): |  |
|                     | to |                         |  |
| Email Address       |    |                         |  |
|                     |    |                         |  |

|           |      |
|-----------|------|
|           |      |
| Signature | Date |

### The individual below is authorized to complete the following transaction(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Pickup ___ sealed Official Texas A&M Transcript(s)*<br><small>*Official transcripts are subject to fees. Please refer to TAMU Transcript Request Form for current costs.</small>  | <input type="checkbox"/> Pickup sealed copy of Previous Institution Transcripts<br>Name of Institution: _____ |
| <input type="checkbox"/> Pickup Sealed Verification: <ul style="list-style-type: none"> <li><input type="checkbox"/> Enrollment</li> <li><input type="checkbox"/> Enrollment History</li> <li><input type="checkbox"/> Degree Verification</li> <li><input type="checkbox"/> Test Scores    Type: _____</li> </ul> | <input type="checkbox"/> Pickup Diploma   |

### Special Instructions for Documents (ex. – mail, fax, notarization, apostille, other):

### Person Authorized to Complete this Transaction:

|  |              |
|--|--------------|
|  |              |
| Full Name (Valid Photo Identification must be presented by this person in order to retrieve your records.) |              |
|  |              |
| Phone Number   | Relationship |

#### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_  
 Processed by: \_\_\_\_\_  
 Date Processed: \_\_\_\_\_