

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.

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)*
<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
Name of Institution: _____ |
| <input type="checkbox"/> Pickup Sealed Verification: <ul style="list-style-type: none"> <input type="checkbox"/> Enrollment <input type="checkbox"/> Enrollment History <input type="checkbox"/> Degree Verification <input type="checkbox"/> Test Scores Type: _____ | <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: _____