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Last Name

First Name

Middle Initial

ID Number

I authorize the Adelphi University Office of the University Registrar to release my

transcript

diploma

to the following person:

Name: \_\_\_\_\_

Relationship to student (parent, spouse, etc): \_\_\_\_\_

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Signature

Date

Note: The person listed above must present a valid photo ID at the Office of the University Registrar in order to receive the indicated document.

*The Office of the University Registrar is located on the lower level of Levermore Hall.*