

SHIPPENSBURG UNIVERSITY REGISTRAR'S OFFICE AUTHORIZATION TO RELEASE ACADEMIC TRANSCRIPT

INSTRUCTIONS

1. Complete all parts of the fillable form.
2. Print the form.
3. All parties must sign the form.
4. Return the form to the Registrar's Office.

The form may be returned in the following manner:

- The student may scan and return the form to the Registrar's Office at registrar@ship.edu from their Shippensburg University email account. A copy of the scanned student ID must accompany the form.
- The student may drop the form off at the Registrar's Office located at Old Main, Room 110.

If you have questions or require assistance, please contact the Registrar's Office at 717-477-1381 or registrar@ship.edu

Name _____ S.U. ID Number: _____

I, _____, authorize the release of academic transcripts from Shippensburg University to the following individual(s) only. I understand that to reverse this request, I must come to the Registrar's Office and sign the bottom portion of this form.

By the signature(s) below, the designees indicate they have read this form and understand that no information will be released by telephone or e-mail. All requests must be in writing and should include the name and S.U. ID number of the student and make reference to this form in the student's file.

I hereby authorize the following individuals to request my academic transcripts at Shippensburg University:

Printed Name of Designee

Signature

Printed Name of Designee

Signature

Printed Name of Designee

Signature

Printed Name of Designee

Signature

Student's Signature

S.U. ID Number

Date

By signing below, I hereby revoke the above request:

Student's Signature

S.U. ID Number

Date