Transcript Release Authorization

I, ______________________________ ID: ______________________________
(print full name) (enter student ID number)

hereby authorize LIU Post Registrar’s Office to release copy(s) of my academic transcript to the following person:

First Name: _____________________ Last Name: ______________________________

Relationship to student (e.g. parent, guardian, spouse, etc.): ______________________________

STUDENT’S SIGNATURE: ___________________________ DATE: ___________________________

SPACE BELOW FOR USE OF NOTARY:

IMPORTANT NOTES:

- Student’s written and notarized signature must appear on the line above unless the form is being submitted by the student in person at Enrollment Services and ID is shown.
- The person named above as authorized to pick up transcripts will be asked to present photo ID in order for the transcript(s) to be released to them.

To be Completed at Enrollment Services:

RELEASE INFORMATION:

Released to: ___________________________ Date: ___________________________
(print full name)

SIGNATURE: ______________________________