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: __________________________

____________________________________________________________________________

IMPORTANT NOTES:

• Student’s written signature must appear on the line above. Block print or typed signatures are not acceptable.
• The person authorized above will be asked to present photo ID in order for the transcript(s) to be released to them.

____________________________________________________________________________

To be Completed at Registrar’s Office:

RELEASE INFORMATION:

Released to: ___________________________ Date: __________________________

(print full name)

SIGNATURE: ___________________________