OFFICE OF THE REGISTRAR PROXY AUTHORIZATION

FOR RELEASE OF OFFICIAL TRANSCRIPT TO A THIRD PARTY

The Family Educational Rights and Privacy Act of 1974 require that a student signature be obtained to authorize release of an official transcript. A third party may act on your behalf through the use of this form once it has been properly completed and signed. Transcripts are \$10 per copy.

DATE		_			
STUDEN'	T'S FULL NAMI	E			
STUDEN	T'S UTEID			STUDENT'S D.O.B.	
DATES C	OF ATTENDANC	EATUT from	to		
provide app	propriate payment. I			and/or mail my official University of Texas at Austin transcript(s) a ne only and is void after two weeks from above date. I also underst	
Signature	of student (will b	e verified against signature on f	- file)	Daytime phone # or e-mail (if foreign)	
Transcrip	t(s) will be (choos	se one)picked up open picked up in se ormailed to this a	ealed envel	ppe(s)	
Number o	of transcripts to b	e ordered			
Pavment 1	Info (circle one):	CASH CHECK MC	VISA DI	SCOVER	
- ••• •••					
		EXP	PIRATION	DATE SECURITY CODE	
Special in	nstructions or a	dditional mailing address	ses: list o	n reverse side of form or include separate sheet	
PROXY'S	SNAME				
		IP			
	S KELA HOUSH	u			
Signature	of proxy (to be si	igned in presence of Registra	ar's staff)		
		INSTRUCTIONS FOR U	SE OF PRO	OXY AUTHORIZATION FORM	
1	. Both partie	es must complete and sign the fo	orm.		
2	. The proxy	The proxy must present this form, along with his/her <u>own</u> photo ID, to obtain the required document and <u>must sign in presence of staff member</u> . Student or proxy must present payment for transcript fee.			
3	. The proxy	The proxy will follow the appropriate procedures outlined above.			
4	. The proxy	The proxy will relinquish this form to the Office of the Registrar.			
5	. Proxy form	Proxy form may be faxed or emailed to our office at least 10 minutes prior to arrival of authorized proxy.			
	Transcri	pt Services Fax Number:	(512)	475-7681	
		pt Services Email:		cripts@austin.utexas.edu	