

Academic Summary Request
Proxy Authorization

Date of request _____

Full name under which you were enrolled _____

Current name, if different from above _____

EID _____

Only ONE summary may be requested per day.

Dates of attendance _____

Daytime phone _____

Signature in both names *if different* Enrolled: _____

Current: _____

Authorized Proxy _____

Relationship to student _____

Proxy's signature _____

(Sign in front of Registrar staff)

Student and proxy signatures must be *handwritten* in ink. Electronic or stamped signatures not accepted. Proxy must show their own valid photo ID for academic summary release.

Send completed form directly to Transcript Services by fax or email:

Fax: (512) 475-7681

Email: transcripts@austin.utexas.edu