OFFICE OF
THE REGISTRAR
PROVIDENCE COLLEGE

Third Party Authorization Form

Please check the appropriate box below regarding the documentation you would like to have a designated person pick up on your behalf.

☐ **Transcript**
☐ **Enrollment verification**
☐ **Other: _____**

I, _____ authorize
(Printed name of document requestor)

_____
(Printed name of third party, Relationship to applicant)

to pick up my official records/documents from the Office of the Registrar, Harkins Hall 310.

By signing this form, I understand that:

- The person picking up the requested document will provide the Office of the Registrar with a valid photo ID upon pick up. This will be required to confirm the identity of the individual that has been authorized to pick up the requested documents/and or transcripts.
- The Office of the Registrar will NOT release the above-mentioned documents without a handwritten signature on this form from both parties and a valid photo ID.
- I acknowledge that any tampering or damage of records is solely the responsibility of the individual tasked with picking up the requested document(s).

_____
Printed name of document requestor *Cell phone number* *(Date: MM/DD/YYYY)*

_____
Handwritten signature of document requestor *(Date: MM/DD/YYYY)*

To be signed at time of pickup:

By signing below**,**.I acknowledge that I have picked up the requested documents.

_____
Handwritten signature ofthirdparty *(Date: MM/DD/YYYY)*

For Internal Use Only: Processed By: _____ Date: _____
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