

Adelphi University
Office of the University Registrar
One South Avenue
Levermore Hall –Lower Level
Garden City, NY 11530-0701

Transcript/Diploma Release Authorization

I, _____, ID#: _____
(print full name) (student id number)

hereby authorize Adelphi University Office of the University Registrar to release my transcript/diploma (circle one) to the following person:

Name: _____
(print first and last name and show photo id)

Relationship to student (ex. parent, guardian, spouse, etc.): _____

Student's signature: _____ Date: _____