

Credential Request Authorization Form

Company/Organization name

Today's date

Applicant's information

Name while enrolled in the institution

Date of birth

Street address

City

State/Province

Postal code

Email address

Phone number

Authorization

By signing this document, I authorize (enter receiving company/organization)

to request (enter name(s) of institution(s) that has your credential)

to release my complete academic credential to (enter receiving company/organization)

I certify under penalty of law that I am the individual identified in this credential request, or I am the parent/guardian authorized to make this request (sign below)