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Office: Academic Complex, Room 142
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Student Authorization for Someone Else to Pick Up Official Transcript

If a student/alumni fills out an official transcript request and then wishes to have their transcript picked up by someone else, please complete this form and turn in to the Office of Records. This authorization will remain in effect only for the indicated date(s) below.

Student Name: _____

Student ID: _____

Please allow this person to pick up my official transcript on _____ date(s).

Name: _____

Address: _____

I understand that by signing this authorization, I am waiving my rights of nondisclosure of these records under federal law only to the person (s) listed above. This release does not permit the disclosure of these records to any other persons without my written consent.

Student Signature: _____

Date: _____