

AUTHORIZATION TO PICK UP OFFICIAL DOCUMENTS

Virginia Tech
Office of the University Registrar

250 Student Services Building
Blacksburg, VA 24061
Phone: (540) 231-6252

PART I: STUDENT INFORMATION

Full Name: _____ **Date:** _____
Student ID#: _____ **Phone #:** _____
Contact email: _____

You may designate a third party to pick up your transcript, certification or diploma at the Office of the University Registrar. These documents will only be given to the third party designated below if they have photo identification with them, as well as this signed form. Forms may not be faxed to the Office of the University Registrar.

PART II: THIRD PARTY INFORMATION

Full Name: _____
Form of ID provided: _____

I, _____, hereby authorize _____
PRINT YOUR NAME PRINT THIRD PARTY NAME

to pick up my:

_____ **Transcript**
_____ **Certification**
_____ **Diploma**

Student Signature: _____ **Date:** _____

PART III: THIRD PARTY SIGNATURE - to be signed at the Registrar's office

Third Party Signature: _____ **Date:** _____

ADMINISTRATIVE USE ONLY

Received by: _____ **Date:** _____