



TRANSCRIPT / DIPLOMA RELEASE

Last Name

First Name

Middle Initial

ID Number

I authorize the Adelphi University Office of the University Registrar to release my

transcript

diploma

to the following person:

Name: _____

Relationship to student (parent, spouse, etc): _____

Signature

Date

Note: The person listed above must present a valid photo ID at the Office of the University Registrar in order to receive the indicated document.

The Office of the University Registrar is located on the lower level of Levermore Hall.