



Notary Release form releasing my student records to an alternate address.

I am a student that is requesting my records to be mailed to an alternate address other than a college or university. My order has already been received by your office via the online order form.

NAME: _____

DOB: _____

YEAR OF GRADUATION: _____

PHONE NUMBER AND E-MAIL: _____

ORDER CONFIRMATION NUMBER: _____

If mailing:

MAILING ADDRESS LISTED ON ORIGINAL FORM:

If releasing records to another person to pick up:

I am releasing my records to _____ pick up in my place.

Student's Current Signature: _____.

FAX NUMBER: 813-605-8913 *CALL AFTER FAXING FOR LEGIBILITY: 813-605-8909**

NOTARY STATEMENT:

I _____ a notary of the state of _____,

County of _____ affirm the identity of the following person, who is

Personally known to me _____ or who has produced _____ type of unexpired official picture identification.

Notary signature and stamp: _____