## **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)