

Notary release form releasing my adult student records to an alternate address or for pick up by a designated individual other than the student.

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

•	Name (include maiden):	
•	DOB:	
•	Year of graduation:	
•	Phone number and e-mail:	
•	Order confirmation number:	
•	Mailing address listed on original form:	
•	I am releasing records to to pick up for me.	
•	Student's current signature:	
•	Fax #: 813-231-1659 •Call after faxing for legibility to : 813-231-1659 Notary statement	50
	Ia notary public of the state of	
	, county ofaffirm t	he
	identity of the following person, who is personally known to me [] or who has	
	producedtype of unexpired official picture identificat	ion.
	Notary signature and stamp:	