

WRITTEN AUTHORIZATION FORM

(AUTHORIZATION TO RELEASE STUDENT TRANSCRIPT, VERIFICATION LETTER, OR DIPLOMA/CERTIFICATE)

OFFICE OF THE REGISTRAR/STUDENT SERVICES



Please note that this form is only to be completed if authorizing someone other than yourself to pick-up a Transcript, Enrollment/Graduation Verification letter or Diploma/Certificate on your behalf. Be sure that all information is filled out completely in order for the request to be processed in a timely manner. If you currently have a financial obligation outstanding to the university, your form is illegible, or your contact information is not current, your request will be delayed.

Any authorized person(s) named below must bring a photo ID when requesting and/or picking up request(s).

PLEASE NOTE: Authorization is only valid for one request and will become void after request has been processed.

SUBMISSION OPTIONS **Fax: (702) 968-1643** **Email: registrar@roseman.edu**

- **IN PERSON:** Take completed contact update to Registrar/Student Services Office on respective campus.
- **BY FAX:** Fax completed contact/alumni update form to: (702) 968-1643
- **BY EMAIL:** Email completed form (hand signed/dated) to registrar@roseman.edu
- **BY POSTAL MAIL:** Form should be mailed to either:

HENDERSON CAMPUS: Roseman University of Health Sciences
Office of the Registrar/Student Services
Attn: Written Authorization Form
11 Sunset Way
Henderson, NV 89014

SOUTH JORDAN CAMPUS: Roseman University of Health Sciences
Office of the Registrar/Student Services
Attn: Written Authorization Form
10920 S. Riverfront Parkway
South Jordan, UT 84095

STUDENT/ALUMNI CONTACT INFORMATION			Student ID # 0000 _____	
Last Name	First Name	MI	Phone Number	
Current Address		City	State	Zip
Student Email Address @student.roseman.edu				
Alternate Email Address				

CAMPUS AND PROGRAM INFORMATION					
<input type="checkbox"/> HENDERSON CAMPUS		<input type="checkbox"/> SOUTH JORDAN CAMPUS			
DENTAL: DMD Class of 20 ____	MBA: MBA Class of 20 ____	NURSING: ABSN: Feb, Class of 20 ____ July, Class of 20 ____ Aug, Class of 20 ____ Oct, Class of 20 ____	NURSING: BSN: Class of 20 ____	PHARMACY: Pharm Class of 20 ____ Pharm/MBA Class of 20 ____	WITHDREW: Year Withdrawn: 20 ____
ORTHO: AEODO Class of 20 ____					

PERSONS TO WHOM INFORMATION MAY BE RELEASED	
Last Name	First Name
Last Name	First Name

<input checked="" type="checkbox"/>	AREAS OF AUTHORIZED REQUEST/PICK-UP
Transcripts	
<input type="checkbox"/>	Pick-up my Official Transcript(s)
<input type="checkbox"/>	Request and pick-up Transcript(s)
Enrollment/Graduation Verifications	
<input type="checkbox"/>	Pick-up my Enrollment/Graduation Verification(s)
<input type="checkbox"/>	Request and pick-up my Enrollment/Graduation Verification(s)
Diploma/Certificate	
<input type="checkbox"/>	Pick-up my Diploma/Certificate in person

STUDENT/ ALUMNI SIGNATURE: _____ **DATE:** _____
(Hand-signature required for processing)

FOR OFFICE USE ONLY			
Date Received:	Authorized Person Name (Print):	Signature of Authorized Person:	Date Picked-Up: