



**Western
University**
OF HEALTH SCIENCES

The discipline of learning. The art of caring.

Office of the Registrar
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AUTHORIZATION TO RELEASE ITEM

Instructions:

- Please complete form and return to the Office of the Registrar. This form must be received by the Office of the Registrar before the authorized individual may pick up document.

I grant permission to the Office of the Registrar to release my:

- Diploma
- Official Transcript
- Verification Request
- Other _____

to the following individual:

Name (Please Print)

Relationship to Student

Please note: the above authorized individual will need to present photo identification when picking up item.

With my signature I hereby authorize the release of the requested document(s) to the above person:

Name (Please Print)

@ _____ / _____
Student ID or SSN / Program & Grad Year

Signature

Date

Office Use Only:	
Form received: _____	Initials: _____

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