



Office of Admissions and Records
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THIRD PARTY AUTHORIZATION FOR
TRANSCRIPT AND DIPLOMA PICKUP

STUDENT INFORMATION

Name: Student ID/SSN:

Address: DOB:

Other Names Which May Appear on Academic Record:

AUTHORIZATION

I authorize: (PLEASE PRINT NAME) to (Check ALL that apply)

- Pick up my official transcript
Pick up my certificate/diploma

The authorized individual must bring his or her photo ID when picking up the requested documents.

Student Signature

Date

\* This does not substitute a transcript request. The appropriate request form must accompany an authorization. Additionally, this consent form is valid for only one use.