

Letter of Authorization to Request and/or Present UT Arlington Educational Documents for Authentication Purposes

Date:	
Full Name:	
UT Arlington ID Number:	
Date of Birth:	
Current Mailing Address:	
Current City, State, Zip, Postal Code, Country:	
Current Email Address:	
Current Phone Number:	()

By my signature and photocopy of my identification, I hereby grant permission to the person named and identified below to request and/or present my UT Arlington Educational Documents (Diploma(s) and/or Official Transcript(s) to the Notary Public of the UT Arlington Registrar's Office on behalf for purposes of Authentication.

SIGNATURE OF PERSON IDENTIFIED ABOVE, GRANTING AUTHORIZATION

DATE

This authorization EXPIRES thirty (30) days from the date signed.

The person named below will provide their government issued identification to the Notary Public for verification of their identity.

Full Name:	
Date of Birth:	
Current Mailing Address:	
Current City, State, Zip/Postal Code, Country:	
Current Email Address:	
Current Phone Number:	()

Government Issued Identification (with photograph & signature), such as Driver's License or Passport

Place Photocopy of Identification Here