



Registrar's Office
501 Crescent Street
New Haven, CT 06515-1355

Phone: 203-392-5301
Fax: 203-392-7144
www.southernct.edu/registrar

THIRD PARTY FORM REQUEST

INSTRUCTIONS: Please complete and submit this request along with the third party form (i.e. DMV, Housing Authority, etc.) that you are requesting for completion by our office. Please allow 1-2 weeks for processing.

Student Name:	
Banner ID:	
SCSU Email:	
Telephone:	
Term/Year (<i>i.e. Fall 2018</i>):	

AUTHORIZATION: I authorize Southern Connecticut State University to release the student information requested and the enclosed form to:

I will pick up the form at the Registrar's Office upon notification

Email: _____

Fax: _____ (Attention): _____

Mail: *Please include name, street, city, state, zip*

Student Signature

Date

REGISTRAR'S OFFICE USE ONLY:

Processed By: _____	Date: _____
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