



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

Phone: 203-392-5301  
Fax: 203-392-7144  
[www.southernct.edu/registrar](http://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.e. Fall 2018):	

**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: _____
---------------------	-------------