

P.O. Box 24708, West Palm Beach, Florida 33416-4708

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I GIVE YOU THE AUTHORITY TO RELEASE MY TRANSCRIPT TO:**

**Office of Admission**

Palm Beach Atlantic University  
P.O. Box 24708  
West Palm Beach, FL 33416-4708  
Fax: (561) 803-2115

**PLEASE SEND:**

- immediately
- at the end of the marking period
- at the end of the semester

**INFORMATION AS LISTED IN SCHOOL FILES (Please print)**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
No. & Street, Box, etc.

\_\_\_\_\_  
City State County Zip Code

Year Last Attended \_\_\_\_\_ Social Security Number \_\_\_\_\_ - -

\_\_\_\_\_  
Authorized Signature Date