



## Third Party Authorization Consent

In order to release an academic record, please have the student complete this form and include a scan of their valid government photo identification (e.g. driver's license, passport). Orders without the appropriate identification will not be processed.

I \_\_\_\_\_  
(Student's full name) (Student Number)

hereby authorize \_\_\_\_\_  
(Third Party)

to request and receive my official University of Toronto transcript.

\_\_\_\_\_  
Student Signature Date

***Please provide the scanned photo identification in the box below:***

*The University of Toronto respects your privacy. At all times your personal information will be protected in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA). If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy).*