

TO: OFFICE OF THE REGISTRAR

FROM: Cyndie Bala
Human Resource Department

DATE:

Below is an authorization signed by _____ for the release of
her/his official transcripts. (Employee Name)

Please send the transcript(s) to the SVSU Human Resource Department.

Thank you.

SAGINAW VALLEY STATE UNIVERSITY
Human Resource Department
7400 Bay Road
University Center, MI 48710-0001

College/University Attended: _____

(City) (State) (Zip Code)

Years attended: _____ to _____ Degree: _____

My student identification or social security number: _____

Signature

Date

Print Name