

Authorization for Translation

I, (Student Name) _____ (Student ID#) _____,

hereby authorize Academy of Art University to release my transcripts and/or graduation certificate(s) from previous educational institutions to the following translation agencies (select one):

- Babble-on Writing and Translation
49 Zoe St., San Francisco, CA 94107
(415) 992-7515
www.ibabbleon.com

- SpanTran: The Evaluation Company
apps@spantran.com
www.spantran.com

STUDENT SIGNATURE Forms without a signature will not be accepted.

Signature _____ Date _____