



## ACADEMIC RECORDS PROXY COLLECTION

John Cabot University | Office of the Registrar  
Via della Lungara, 233, Rome (RM), Italy - 00165  
Ph.: (+39) 06.68191200 | Fax: (+39) 06.6871320  
Email: [transcripts@johncabot.edu](mailto:transcripts@johncabot.edu)

**This form must be completed by the student and the nominated proxy.**

This form is to be used by a JCU student, graduate or alumni to nominate another person to collect academic records on their behalf. The form must be submitted to the Registrar's Office by the JCU student upon submitting a request for academic records. The proxy will have to bring supporting proof of identity when collecting the academic records from our office.

This form is to be used on a single occasion only. A new form will be required if you want a proxy to collect further documents on your behalf.

**Please note:** You must allow only someone you trust to collect documents on your behalf as the University is not responsible for the security or use of your documents once they have been collected by your authorized proxy.

### PERSONAL DETAILS

|                            |               |            |
|----------------------------|---------------|------------|
| Surname on record          |               | First name |
| Date of birth (MM/DD/YYYY) | Email address |            |

### SECTION 1 – TO BE COMPLETED BY THE STUDENTS

Please read carefully and complete all sections before submitting this form.

I (student name) \_\_\_\_\_

authorize (name of proxy) \_\_\_\_\_

**to collect my:**

academic transcripts       original Diploma       enrollment verification letter

#### Signature of student

|   |      |
|---|------|
| <b>Required</b> for release of records – must be handwritten, not typed | Date |
|---|------|

Please attach a photocopy of your photo identification (student card, passport, driver license or other official photo ID) to this form.

### SECTION 2 – TO BE COMPLETED BY THE PROXY AT THE REGISTRAR'S OFFICE

Please read carefully and complete all sections before submitting this form.

I (name of proxy) \_\_\_\_\_

hereby agree to act as proxy for (student name) \_\_\_\_\_

to collect the academic records indicated above.

#### Signature of proxy

|   |      |
|---|------|
| <b>Required</b> for release of records – must be handwritten, not typed | Date |
|---|------|

Proxy will need to bring supporting proof of identity (passport, driver license or other official photo ID) in order for the records to be released.