

***** YOUR IMMEDIATE ATTENTION IS REQUIRED *****



Transcript Authorization for
your order# 2MT731729 from
University of California, Santa Cruz
on 12-18-2012 at 19:34:58

THIS FORM MUST BE SIGNED AND MAILED OR FAXED AS SHOWN BELOW.

Mail to:

CREDENTIALS INC.

SANTA CRUZ TRANSCRIPT AUTHORIZATION

436 W FRONTAGE ROAD, STE 260

NORTHFIELD, IL 60093-3083

Do NOT send cover page when faxing.
Please dial area code when faxing.

Fax To:

1-847-446-4280

OR

Student Information:

Student Name: STEPHEN T BOBEY

Other Name..:

Delivery Information:

1 Transcript(s) to

OFFICE OF ADMISSIONS

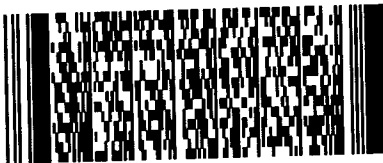
LAKE SUPERIOR STATE UNIV.

650 W EASTERN AVE

SAULT SAINT MARIE MI 49783-1626

I, STEPHEN T BOBEY, hereby authorize University of California, Santa Cruz to release
copy(s) of my academic transcript as directed above (2MT731729).

Steph T Bobey
Signed: STEPHEN BOBEY



YOUR WRITTEN SIGNATURE MUST APPEAR ON THE LINE ABOVE. BLOCK PRINT OR TYPED SIGNATURES
ARE NOT ACCEPTABLE. NOTHING THAT YOU WRITE ON THIS FORM WILL BE READ BY ANYONE.
WE WILL NOTIFY YOU BY EMAIL, AND/OR TEXT MESSAGE ONCE THIS FORM HAS BEEN RECEIVED.