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Transcript Office Use Only:

Student Information:

Student Name: STEPHEN T BOBEY

Other Name...:

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1 Transcript(s) to

OFFICE OF ADMISSIONS

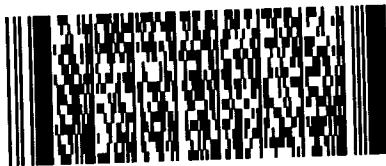
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650 W EASTERDAY AVE

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



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