

# Credential Request Authorization Form

Company/Organization name

MILLER-MOTTE COLLEGE ON-LINE

Today's date

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## Applicant's information

Name while enrolled in the institution

Date of birth

Gender

Street address

City

State/Province

Postal code

Email address

Phone number

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## Authorization

By signing this document, I authorize (enter receiving company/organization)

RECORDS DEPOSITION SERVICE, 27355 W. 11 MILE RD., SOUTHFIELD, MI 48033

INFO@RECDEP.COM

to request (enter name(s) of institution(s) that has your credential)

MILLER-MOTTE COLLEGE ON-LINE

to release my complete academic credential to (enter receiving company/organization)

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INFO@RECDEP.COM

I certify under penalty of law that I am the individual identified in this credential request, or I am the parent/guardian authorized to make this request (sign below)