



NORTHERN MARIANAS COLLEGE

OFFICE OF ADMISSIONS & RECORDS

P.O. Box 501250 CK, Saipan MP 96950

237-6768/69/70/71

admissions@marianas.edu

TEMPORARY AUTHORIZATION FORM

I hereby authorize _____ to: REQUEST PICKUP

NAME OF PERSON AUTHORIZED

my:

PROCESS

Official or Unofficial Transcript

Copies of Academic Records

Graduation Certification / Diploma

Enrollment Verification

Acceptance Letter

Admissions Application (including all required documents)

I-20 Application (including all required documents)

Others: _____

Print Name of Student

Signature of Student

Date

NOTE:

Student and Person authorized must present a Valid Photo ID.