

## Authorization for Translation

I, (Student Name) \_\_\_\_\_ (Student ID#) \_\_\_\_\_,

hereby authorize Academy of Art University to release my transcripts and/or graduation certificate(s) from previous educational institutions to the following translation agencies (select one):

- Babble-on Writing and Translation  
49 Zoe St., San Francisco, CA 94107  
(415) 992-7515  
[www.ibabbleon.com](http://www.ibabbleon.com)
  
- SpanTran: The Evaluation Company  
[apps@spantran.com](mailto:apps@spantran.com)  
[www.spantran.com](http://www.spantran.com)

**STUDENT SIGNATURE** Forms without a signature will not be accepted.

Signature \_\_\_\_\_ Date \_\_\_\_\_