

Please review the information below pertaining to the type of consent that is required to complete this order.

Parchment Exchange - Leader in eTranscript Exchange Clear Signature Sign here with mouse or finger Type full name as signed above First Name Middle Name **Last Name** I consent to the disclosure of the credentials and any provided attachments to the delivery recipient, each as I've selected above, and for the purpose identified by me above.

CONTINUE

🗼 All items marked with a red asterisk are required to submit this form.