

University of California, San Diego
Skaggs School of Pharmacy and Pharmaceutical Sciences
Authorization to Release Transcript

I, _____ do hereby authorize the Student
(Printed Student Name)
Affairs Office of the Skaggs School of Pharmacy and Pharmaceutical Sciences to release
a copy of my academic transcript to the California State Board of Pharmacy as part of my
application for a pharmacist license.

Student Signature

Student PID Number

Date