

**MERCHANT MARINER CREDENTIAL APPLICATION
THIRD PARTY AUTHORIZATION**

I (print full name), authorize the U.S. Coast Guard National Maritime Center (NMC) to disclose information and/or records regarding my **current credential application** to/with the Third Party authorized, to include only those boxes checked below.

Act on my behalf in **ALL MATTERS** pertaining to the processing of my current U.S. Coast Guard credential application to include mailing credential to third party address.

Or, matters specifically pertaining to

Professional qualifications, certification records, sea service time, or examinations.

Any medical information related to the processing of my current application for a Merchant Mariner Credential.

Safety and Suitability.

Official correspondence and/or previous Merchant Mariner Credentials.

Mail my credential to the third party listed below.

Third Party Information (*Required. This information will be used to verify third party identification.)

*Authorized Person's Name: (Last, First MI) Stroud, Taleen	Organization: (if applicable) SUNY Maritime College
*Authorized Person's Mailing Address: 6 Pennyfield Avenue Baylis Hall Throggs Neck, NY 10465	*Authorized Person's Phone Number: 718-409-7212 (office) 718-409-4735 (fax)
	Authorized Person's Email Address: tstroud@sunymaritime.edu

This authorization expires either upon my written revocation of this authorization submitted via fax, e-mail, regular mail, or final agency action regarding my current application for a Merchant Mariner Credential.

Mariner's Signature: _____ Date:
(MM/DD/YYYY)

Mariner's Reference Number or Last 4 of Social Security Number: