

DIPLOMA RELEASE FORM



I. GRADUATE INFORMATION

Name: _____ Student ID: _____
Degree: _____ Major: _____

II. RELEASE TYPE INFORMATION (Select how you want to release your diploma)

- Pick-up by graduate
- Send by mail {Fill out Section III}
- Pick-up by third party {Fill out Section IV}

III. REQUEST TO MAIL DIPLOMA

Will you be mailing your diploma to an international address? Yes No

Address: _____ Apt. Number: _____
City: _____ State: _____ Zip Code: _____

IV. REQUEST FOR THIRD-PARTY PICK-UP

- I am authorizing the individual identified below to pick up my diploma on my behalf, hereto forward identified as "Third Party." I understand (s)he must show a valid photo ID at the time of pick-up.

Full Legal Name of Third Party: _____

Filled Out By Third Party Only:

Printed Name: _____
Signature: _____ Date: _____

V. REQUIRED SIGNATURE

Signature of Graduate: _____ Date: _____

For Office of Student Records Use Only

Processed by: _____ Date: _____