



# DIPLOMA RELEASE FORM

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Degree: \_\_\_\_\_

Term/Year: \_\_\_\_\_

Please mail my diploma to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

I hereby authorize \_\_\_\_\_ to pick up my diploma.  
Name of person picking up diploma

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date

**Please note:** All persons picking up diplomas must bring photo ID.

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