Diploma Pick-Up Authorization Form

Instructions: Graduates who wish to authorize another person to pick-up their diploma will need to complete this form.

The person picking up the diploma must present a government issued photo ID along with this completed form. A faxed or email copy of this form will not be accepted. The original signed form must accompany the person designated to pick up the diploma.

Date: _______________________

Student ID Number (@############): _______________________

I, ________________________________ authorize and grant permission to the UMB Office of the Registrar

Graduate’s name (Print clearly)

to release the diploma to ________________________________.

Name of person picking up diploma (Print clearly)

Degree Earned (e.g. BS, BSN, DDS, DNP, DPT, JD, LLM, MD, MGC, MPH, MS, MSL, MSN, MSW, PharmD, PhD): _______________________

Graduation Date: ________________________________

Signature of Graduate: ________________________________ Date: _______________________

FOR OFFICE USE ONLY:

DATE DIPLOMA RELEASED TO THIRD PARTY: _______________________

IDENTITY OF THIRD PARTY VERIFIED: YES NO

ORR STAFF INITIALS: _______________________

COMMENTS: _______________________

ORR 11/2019