

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: