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

- †
- †
- † Pickup 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 PICKUP

† 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 pickup.

Full Legal Name of Third Party _____

Filled Out By Third Party Only:	
Printed Name: _____	
Signature: _____	Date of pickup: _____

Signature of Graduate: _____ Date: _____