



**AUTHORIZATION FOR DIPLOMA PICK-UP**

Date \_\_\_\_\_

To: Registrar's Office  
Mellencamp Hall, Room 274  
P.O. Box 729  
Milwaukee, WI 53201

**PLEASE PRINT CLEARLY**

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

Student ID #: \_\_\_\_\_

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

Graduation Date: \_\_\_\_\_

**PLEASE PRINT CLEARLY**

I authorize the person below to pick up my diploma on my behalf. This authorization is good for 90 days from the date of this letter.

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

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

Email: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Graduate (original signature mandatory)**

**Please note that faxed and otherwise electronically transmitted copies of this authorization form will not be accepted. Form must be submitted in person or by mail.**

**The authorized recipient of the diploma must present a photo ID at the time of diploma pick up. A copy of the ID will be retained along with this letter.**

**If you have any questions regarding this authorization, please contact the Registrar's Office at (414) 229-3800 or online at [www.contactro.uwm.edu](http://www.contactro.uwm.edu).**

**Office Use Only:**

Recipient ID copy: \_\_\_\_\_ Comment entry done: \_\_\_\_\_