



AUTHORIZATION FOR DIPLOMA PICK-UP

Date _____

To: Registrar's Office
Mellencamp Hall, Room 290
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) 229-6571 or online at www.contactro.uwm.edu.

Office Use Only:

Recipient ID copy: _____ Comment entry done: _____