



DIPLOMA PICK-UP OR MAILING REQUEST FORM

This form is required for a student to pick up his or her diploma in the event that the student was unable to receive it at his or her commencement ceremony (*due to either a hold on the student's account, or a specific request to pick up the diploma on a previously submitted commencement absence request*).

PLEASE CHECK AND COMPLETE **ONE** OF THE FOLLOWING SENDING OPTIONS:

1. **PICK UP** (If someone other than the graduate has been granted permission to pick up a diploma on behalf of a student, this person's printed name is required to be listed under the student signature line below.)

NAME: _____ BUID/SSN: _____
Date of Graduation: _____ Phone: _____
Email: _____

STUDENT SIGNATURE: _____

- I am picking up my own diploma on (*date*): _____
- I am granting permission for (*name*) _____
to pick up my diploma on my behalf on (*date*): _____

2. **MAILING REQUEST** (Please note that diplomas are mailed through express shipping services and will possibly require someone to be present to sign for the package when it is delivered.)

NAME: _____ BUID/SSN: _____
Date of Graduation: _____ Phone: _____
Email: _____

STUDENT SIGNATURE: _____ **DATE** _____

Address: _____

(Street)

(City, State & Zip)

FOR OFFICE USE ONLY:

Tracking Number _____ Mailed on (*date*): _____

Office of the Registrar: _____