

AUTHORIZATION FOR DIPLOMA PICK-UP BY THIRD-PARTY

- | | |
|---|---|
| <input type="checkbox"/> Advanced Dental Education | <input type="checkbox"/> Health Professions |
| <input type="checkbox"/> Dental School | <input type="checkbox"/> School of Medicine |
| <input type="checkbox"/> Graduate School of Biomedical Sciences | <input type="checkbox"/> School of Nursing |

Part I: (to be filled out by graduating student)

Graduating Student Name: _____

HSC ID: _____

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 pick-up.

Full Legal Name of Third Party:

Graduating Student Signature: _____

Part II: (to be filled out by Third-Party)

Printed Name: _____

Contact Phone Number: _____

Date of Pick-up: _____

Third-Party Signature: _____