

## **Diploma and Thesis Release Form**

First Name:	Last Name:	Student ID#: A00
You <b>MUST</b> enter in an ac	ddress AND check box if your	address has changed since graduation: $\Box$
Address:		
Telephone: ()	Alternate En	mail:
	(may we con	ontact you in the future at this email address: □Yes □No)
Department/Track:(Ph	Scholars Program D Students)	m: Thesis Mentor:
	ompleted a Thesis and/or Con	ncentration Certificate:
□ Diploma □ Thesis/Disse	ertation (will be mailed at addition	nal cost)   Concentration  Indicate Concentration
~ . ~		
Student Signature:		Date:
Note: Students must complete al	ll financial obligations, return Library	Materials; complete Exit Surveys, Survey of Earned Doctorate (Ph.D. only) Interview before diplomas will be released.
If item(s) are not being pi	cked up by the student, please	e provide authorized person's name below:
Name of Authorized Person	$\mathcal{E}$	nature of Authorized Person fust sign in person with proof of identity)
damaged diplomas. Diplo on the diploma. Processin	mas that are lost or damaged m	20.00. The Graduate School is not responsible for lost, stolen on ay be re-ordered at a cost of \$50.00 and will state "duplicate" this form in order to have your diploma mailed. Please provide ersity".
I,my diploma to the address l	am unable to pick isted above. I have read the states	up my diploma. I authorize the School of Graduate Studies to mai ment regarding lost, stolen or damaged diplomas.
Signature:		Date:
	office: □ \$40.00 Graduation Fee	☐ SGS Exit Survey ☐ Interview Interview ☐ Miscellaneous Holds