AUTHORIZATION TO RELEASE DIPLOMA Third Party Pickup

This form is to authorize someone other than the student

If someone other than the student is picking up

a diploma, he/she must present a copy of his/her photo identification at pick up. The student MUST provide a copy of his/her photo id when submitting this form. It can be emailed with the form, or it can be mailed or faxed.

Diplomas will be WITHHELD, with limited exceptions consistent with state and federal laws, for any student who owes the university money or property.

For questions about outstanding obligations, please contact the Financial Operations Office at (316) 978-3333.

Please read carefully, print legibly and complete ALL sections below.

A delay in processing will occur if information, photo ID or required signatures are omitted.

lame			or				
Last			MI	my ¹		Last four digits of SSN	
Other names used on r	ecord (example: mai	iden)			DOB		
Address							
Number	Street		Apt#	City/Town	State	Zip	
Student Email Address			Contact Phone				
I authorize Wichita Recipient's Name	a State Universit	y to GIVE my d	liploma to th	ne person listed b	elow:		
Degree Awarded:	Bachelor's	Master's	PhD				
Date of Graduation:	Semester/Month	Year		-			
Major:				_			
Student Signature (required):				Today's Date			