LEHMAN COLLEGE

Office of the Registrar
Graduation Audit

Shuster Hall, Room 102
250 Bedford Park Boulevard West
Bronx, New York 10468

P (718) 960-7474
F (718) 960-7366
www.lehman.edu

AUTHORIZATION LETTER FOR DIPLOMA PICK-UP

Date ____ / ____ / ____

To: The Office of the Registrar:
Graduation Audit
Shuster Hall, Room 102
250 Bedford Park Blvd West
Bronx, New York, 10468

I, _____ authorize _____
(Your name here) Please **print** clearly
(Person authorized to pick-up diploma on my behalf) Please **print** clearly

to pick-up the diploma on my behalf. The details are as follows:

EMPLID **OR** Last (4) of SSN #: _____

Degree Earned: _____

Graduation Date: _____

For Notary Public Use Only

Sincerely,

_____
Signature of Graduate (original signature mandatory)

This document must be notarized by the student.
A copy of the student's valid government issued ID MUST be accompanied with this form.
The person designated to pick-up your diploma MUST also present a valid government issued ID.

*****Please note that faxed and otherwise electronically sent copies will not be accepted. The original signed form MUST accompany the person designated to pick-up your diploma.