



Diploma Pick-Up Authorization Form

Please print and complete this form if you would like to authorize another person to pick up your diploma.

Student Information – Please print clearly			
_____	XXX-XX-	____/____/____	
EMPLID (CUNYfirst ID)	Last 4 Digits of SSN	Date of Birth	
_____	_____	_____	_____
Last Name	First Name	MI	Name while attending (if different)
_____		_____	
Street Address		City, State, Zip	
(____) _____ - _____	_____		
Phone	Email		

Please provide the following to complete your request:

- ❖ Copy of student’s valid Identification card (Lehman College ID or Government-issued ID)
- ❖ Proxy’s valid Identification card (Government-issued ID)

I hereby authorize (print) _____ to pick-up my diploma, certificate, or advanced certificate on my behalf.

_____ **Conferral (Graduation) Date**

_____ **Academic Program (Degree)**

_____ **Academic Plan (Major)**

Authorization:

I authorize Lehman College, CUNY to allow my proxy named above to pick-up my diploma, certificate, or advanced certificate on my behalf.

Student Signature

Date

Proxy Signature

Date

If you have any additional questions or concerns regarding the information above, kindly refer all inquiries to Graduation.Audit@Lehman.cuny.edu (or) call the Graduation Audit Office (718) 960-7474.

Office Use Only	
Received by: _____	Date: _____
Processed by: _____	Date: _____

