

Authorization for Third Party Diploma Pickup

Office of the Registrar

Instructions

To authorize release of your diploma to a third party, please follow these steps:

- Please print legibly and complete all fields below.
- Sign, date, and submit the form to the Office of the Registrar at least one day in advance of pickup.
 - Mail/ In-Person: CHSU Office of the Registrar, 120 N. Clovis, Clovis, CA 93612
 - OR-
 - Email: registrar@chsu.edu
- Provide a copy of this form to the person picking up the diploma.
- The person picking up the diploma must present a photo ID.

Student Information

Name: _____
First Middle Last

Address: _____
Street City State Zip code

CHSU Email: _____ Phone #: _____

Degree: _____ Class of: _____

Person Authorized to Pick Up Diploma

Name: _____
First Middle Last

Email: _____ Phone #: _____

I authorize California Health Sciences University to release my diploma to the person identified above.

Student Signature: _____ **Date:** _____

For Office of Registrar Use Only

Date Received: _____ Received By: _____ Date Processed: _____