LEHMAN COLLEGE

OFFICE OF THE REGISTRAR
Graduation Audit

Shuster Hall, Room 105
250 Bedford Park Blvd West
Bronx, NY 10468

Phone: 718-960-8782
Fax: 718-960-7336
www.lehman.edu

AUTHORIZATION LETTER FOR DIPLOMA PICK-UP

Date ____ / ____ / ____

To: The Office of the Registrar
Shuster Hall, Room 108
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:

Last (4) of SSN # _____

Degree Earned _____

Graduation Date _____

For Notary Public Use Only

Sincerely,

_____
Signature of Graduate (original signature mandatory)

***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.

CUNY