

Diploma/Certificate Release Form

Name: _____ Student MyUTH ID: _____

Graduation Term: _____ Spring _____ Summer _____ Fall Year: _____

Select One:

_____ I will pick up my Diploma/Certificate in the SBMI Office of Academic Affairs

_____ Please mail my Diploma/Certificate to the following address:

_____ I authorize that my Diploma/Certificate be released to:

Student Signature: _____ Date: _____

Please return this form to:

The School of Biomedical Informatics
Office of Academic Affairs
7000 Fannin Street, Suite 650
Houston, TX 77030