



DIPLOMA PICKUP LETTER OF AUTHORIZATION

Date: _____

To: The Office of Convocation
Simcoe Hall, 27 King's College Circle, Room 102
Toronto, ON M5S 1A1

I, _____ authorize _____
your name here
PLEASE PRINT name of person authorized to pickup diploma on my behalf
PLEASE PRINT
named individual will require appropriate photo identification (please note
that we cannot accept an Ontario Health Card as photo identification)

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

- Degree Earned: _____
- Date/Year of Graduation: _____
- Faculty or School: _____
- Department or College: _____
- Student Number: _____

Sincerely,

* Signature of Graduate (original signature mandatory)

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