

Diploma/Certificate Release Form

Please print legibly or type:

Name: _____ Student ID: _____

Graduation Term: Spring Summer Fall YEAR: _____

CHECK 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:

(Individual must present photo ID)

Signature: _____ Date: _____

RETURN FORM TO:
SBMI OFFICE OF ACADEMIC AFFAIRS
7000 Fannin, Suite 650
Houston, TX 77030
PHONE: 713.500.3591
FAX: 713.500.0360
EMAIL: SBMIAcademics@uth.tmc.edu

For Office Use Only:

Date Mailed or Picked Up:

Processed By: