

## LETTER OF AUTHORIZATION FOR DIPLOMA PICK UP

Student Name:	
Sheridan Student Number:	
Contact Phone Number:	
Program Name:	
Graduation Date:	

I authorize \_\_\_\_\_ to pick up my diploma on my behalf from Sheridan College's Hazel McCallion campus in Mississauga.

I acknowledge that the legal name on the parchment is correct. Corrections required after pick up are subject to a replacement fee of \$50.

Student Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

This signed form must accompany the person designated to pick up on your behalf. Appropriate photo identification must also be presented to Sheridan staff. Digital copies or photocopies of this form will not be accepted.

Picked up by: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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### TO BE COMPLETED BY OFFICE OF THE REGISTRAR:

- Diploma was picked up by the individual identified above
- Details entered into PeopleSoft

Employee Name: \_\_\_\_\_  
Date: \_\_\_\_\_