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



AUTHORIZATION LETTER FOR DIPLOMA PICK-UP

Date	//
То:	The Office of the Registrar Shuster Hall, Room 108 250 Bedford Park Blvd West Bronx, New York, 10468
I,	authorize
<i>,</i> -	authorizeauthorize
ιο	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
Since	rely,
Signat	ure 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.

