



**Teachers College**  
COLUMBIA UNIVERSITY

Office of the Registrar

Box 311

**DIPLOMA PICKUP AUTHORIZATION FORM**

Please read the following instructions and fill out the form below. Please note: The following form provides authorization for a friend of an alumni to pick up the diploma.

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**BY SIGNING THIS FORM I, HEREBY AUTHORIZE \_\_\_\_\_  
TO PICK UP MY DIPLOMA.**

**Name on Original Diploma:**

**Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Degree(s) (please check):**

\_\_\_\_\_ Master of Arts

\_\_\_\_\_ Master of Education

\_\_\_\_\_ Master of Science

\_\_\_\_\_ Doctor of Education

**Student Contact Information:**

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Student ID # or UNI (if applicable):** \_\_\_\_\_

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**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_