



Records Office

## Diploma Issue to Student

Please Print

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ ID# \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Degree Title \_\_\_\_\_

Your balance must be paid in full before your degree may be issued.  
Please proceed to Financial Aid Office to obtain a signed release.

Verified By:

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

Financial Aid Signature \_\_\_\_\_ Date: \_\_\_\_\_

Records Office Signature \_\_\_\_\_ Date: \_\_\_\_\_