



*Adrian College*

## Adrian College Authorization to Release Diploma Request

**Mail to:** Student Business Services • Adrian College • 110 S. Madison • Adrian, MI 49221-2575  
**In person:** Student Business Services • Caine Student Center • Adrian College  
**Fax request to:** 517-264-3970

**All requests must be made in writing. Your signature and \$50 processing fee is required. See instructions below.**

1

Student Business Services:

This account is not subject to financial hold as of \_\_\_\_\_

Student Business Services signature \_\_\_\_\_

2

NAME AS IT SHOULD APPEAR ON DIPLOMA

\_\_\_\_\_

Last

First

M.I.

FORMER NAME(S) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER ~~XXX~~ - ~~XX~~ \_\_\_\_\_

BEST CONTACT PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_ SEMESTER \_\_\_\_\_

Your diploma requires special handling, please select from the following:

Hold for pick-up at Registrar's office

If mailing, please provide address (no PO Box or International addresses)

X \_\_\_\_\_

Student Signature (required)

Date

**SEND MY DIPLOMA TO: (print clearly)**

Failure to provide a COMPLETE mailing address will delay your processing time.

3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial Hold

SA \_\_\_\_\_ ECSI \_\_\_\_\_

Date \_\_\_\_\_

Registrar's Office Use Only:

Rec'd from Stu. Bus. Svcs. \_\_\_\_\_

Mailed \_\_\_\_\_

Degree Earned \_\_\_\_\_ Order Date: \_\_\_\_\_

Honors, if Applicable: \_\_\_\_\_ Faculty President: \_\_\_\_\_