

Diploma/Certificate Release Form

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**Please print legibly or type:**

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Graduation Term:  Spring  Summer  Fall YEAR: \_\_\_\_\_

**CHECK ONE:**

I will pick up my Diploma/Certificate in the SBMI Office of Academic Affairs.

Please mail my Diploma/Certificate to the following address:

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

I authorize that my Diploma/Certificate be released to:

\_\_\_\_\_  
(Individual must present photo ID)

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

RETURN FORM TO:  
SBMI OFFICE OF ACADEMIC AFFAIRS  
7000 Fannin, Suite 650  
Houston, TX 77030  
PHONE: 713.500.3591  
FAX: 713.500.0360  
EMAIL: SBMIAcademics@uth.tmc.edu

For Office Use Only:

Date Mailed or Picked Up:

Processed By: