

## DIPLOMA PICKUP LETTER OF AUTHORIZATION

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

**To:** The Office of Convocation  
Simcoe Hall, 27 King's College Circle, Room 102  
Toronto, ON M5S 1A1

I, \_\_\_\_\_ authorize \_\_\_\_\_  
your name here name of person authorized to pickup diploma on my behalf  
**PLEASE PRINT** **PLEASE PRINT**  
named individual will require appropriate photo identification (please note  
that we cannot accept an Ontario Health Card as photo identification)

to pick up diploma on my behalf. The details are as follows:

Degree Earned: \_\_\_\_\_

Date/Year of Graduation: \_\_\_\_\_

Faculty or School: \_\_\_\_\_

Department or College: \_\_\_\_\_

Student Number: \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
\* Signature of Graduate (original signature mandatory)

\*\*\* Please note that faxed or otherwise electronically sent copies will not be accepted. The original signed form **MUST** accompany the person designated to pickup your diploma.