

20 Church Street
 New Haven, CT 06510
 Phone: 203.285.2020
 Fax: 203.285.2018
 GatewayCT.edu/registrar

**DIPLOMA REQUEST AND RELEASE OF LIABILITY
 AUTHORIZATION FORM**

This form authorizes Gateway Community College to mail your graduation diploma to you or release your graduation diploma to an agent of your choosing.

Please Note: If you have any outstanding financial obligations or holds, the college will not release your diploma. To check for holds log onto My.Commnet.edu.

**STUDENT INFORMATION
 (PLEASE PRINT CLEARLY)**

Student Full Name: _____ Banner ID #: _____
 E-mail Address: _____ Phone: _____
 Degree Earned: _____ Year/Term Degree Earned: _____

DIPLOMA PICK-UP

Name of person authorized to pick up diploma: _____ Relationship to Student: _____

I understand that:

- (1) The agent authorized to pick up my diploma must appear in-person with a valid photo ID.
- (2) The agent must have this form completed and signed by you the student, along with the student's ID (Student ID's are collected at the time of diploma pick up).
- (3) *GCC is not responsible for any damages or missing diplomas once the diploma has been picked up by the authorized agent. Please note this authorization request is final.*

Student Signature: _____ Date: _____
 Agent Signature: _____ Date: _____

REQUEST TO MAIL DIPLOMA

By authorizing GCC to mail your diploma, you release GCC of any liability for damages incurred while in transit. A \$25.00 fee will be charged for re-orders.

Address: _____
 City: _____ State: _____ Zip Code: _____
 Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Grad Term/ Award Status: _____ Date of Pick-Up/ Mail: _____ Staff Signature: _____
