DIPLOMA RELEASE AUTHORIZATION

- This form may be used after you have verified that your diploma is ready for pick-up at the Office of the Registrar.
- Please complete this form and return to the Registrar’s office prior to pick-up.
- A legible copy of your photo ID (driver’s license, state-issued ID, passport, etc.) must accompany this form.

This form and a legible copy of your photo ID may be returned to the Office of the Registrar via:

<table>
<thead>
<tr>
<th>Email</th>
<th>Fax</th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="mailto:GraduationMatters@sa.ucsb.edu">GraduationMatters@sa.ucsb.edu</a></td>
<td>805-893-2985 OR</td>
<td>Office of the Registrar 1101 SAASB University of California Santa Barbara, California 93106-2015</td>
</tr>
</tbody>
</table>

Student Name: ____________________________________________

Student Perm #: __________________ OR Last 4 digits of Student SSN: __________________

Degree Awarded - Quarter and Year (example: Spring 2014): __________________________________

Student Phone or email in case of need to contact: __________________________________________

Please allow ________________________________________________________________________________ to pick up my diploma from the Office of the Registrar. I understand that this person must present their photo ID in order for the Office of the Registrar to release my diploma to them.

Student Signature (required): ______________________________________________________________

Office of the Registrar
Walk-in hours:
Monday, Tuesday, Thursday, Friday: 9am to 12pm, 1pm to 4pm
Wednesday: 10am to 12pm, 1pm to 4pm
See website for holidays and administrative closures: http://registrar.sa.ucsb.edu/

The Office of the Registrar is located at:
1101 Student Affairs and Administrative Services Building (SAASB)
University of California
Santa Barbara, CA 93106-2015

Signature of person designated above: __________________________________________________________
(at the time of pick-up)

OFFICE USE ONLY

Date picked up: __________________ ID Verified: □Y □N By (staff initials): __________________________

Diploma Release Authorization Form_Barcoded - Copy.doc
Revised 2/3/2016