

Releasing diploma or transcript for pick up by non-student

Last Name	First Name	Middle Name	Suffix
Maiden Name:		Date of Birth:	
Name at enrollment it	f different from above:		
Last year of enrollment:		Vanderbilt School:	
I wish to release my transcript(s)		or diploma(s)umber of copies List degree(s)	
To the individual na		ber of copies	List degree(s)
	when he/she arrives	esent identification such to pick up the diploma or	transcript.
Student's Phone: Student's Email:			
Student's Current Ad	dress:		
Student's Signature)		Date
•	(Signature cannot b		
of your transcript or	r diploma. All transcrip	your legal signature to au ts are packaged in separat ranscripts will not be issue	e, sealed envelopes
I have picked up the	aforementioned dipl	oma or transcript:	
Individual's Signature			Date
	(Signature cannot b	e typed)	
To expedite, please f	ax to: 615-343-5035	Vanderbilt University	
Or send by mail to:		Office of the University PMB 407701 110 21st Avenue South,	_
		Nashville TN 37240-770	

Questions, please call: 615-322-7701