Letter of Authorization from Property Owner



Date / /

To: The Office of the Registrar Shuster Hall, Room 108

250 Bedford Park Blvd West Bronx, New York, 10468

I, aut horize

Your name here Person authorized to pick -up diploma on my behalf Please print clearly Please print clearly

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

Last (4) of SSN # Degree Earned Graduation Date

Sincerely,

For Notary Public Use Only

Signature of Graduate (original signature mandatory)

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