



SCHOOL OF HEALTH
RELATED PROFESSIONS

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

Certificate/Diploma Release Form

Certificates and Diplomas will only be released once students have been confirmed as being cleared of all encumbrances (i.e. financial, financial aid or student loan exit interview, library hold, program requirements completion). All students that graduate from the School of Health Related Professions will also receive an Alumni Certificate. Once form is completed, please fax, mail or hand-deliver (see fax number and mailing address below) to Enrollment Services.

Please Print Legibly:

First Name _____ Middle Name: _____ Last Name: _____

Student ID#: A00 _____ Program/Major: _____ If Joint Program, Affiliate: _____

Daytime Phone #: (____) _____ Home Phone #: (____) _____ Cell Phone #: (____) _____

Email Address: _____

Graduation Date:

January May September Year _____

Diploma Mailing Address:

Please check box at left if this is a new address following graduation from your program. (If so, please complete an Official Change of Student Data Form and submit to Enrollment Services)

Please check box at left if certificate/diploma is not requested to be mailed to a home or permanent residence. Enclose with this form a photocopy of proof of identification (Document will not be mailed otherwise)

Indicate if you attend the UMDNJ Commencement Ceremony (under the graduating program):

Yes If Yes, year attended: _____ No

Certificate/Diploma Release Consent Statement:

If I am unable to pick-up my diploma, I, _____, authorize _____, to retrieve certificate/diploma in my place at the Enrollment Services Center (Room 147 of the Stanley S Bergen building at the Newark Campus).

Student Signature: _____ **Date:** _____

ENROLLMENT SERVICES USE ONLY

Completed Graduation Requirements Account Balance Encumbrances/Holds Contact Information
Enrollment Services signature _____ USPS Tracking #/Date Mailed _____