

In accordance with the Quebec Act Respecting Access to Documents Held by Public Bodies and the Protection of Personal Information, Concordia University is required to obtain consent from current and former students in respect of requests for the release of personal information, including diplomas.

THE PRINTED AND SIGNED COPY OF THIS FORM IS REQUIRED TO OBTAIN THE DIPLOMA**Student's Information** (please print)

Last Name*: _____

First Name*: _____

Maiden name (if applicable): _____

Concordia Student ID Number: _____

Date of Birth* DD / MM / YY: _____

Email Address and Telephone Number*: _____

Program of study and year of graduation (if applicable)*: _____

*Required fields

Third Party Information (please print)

Last Name*: _____

First Name*: _____

Company/ Institution (if applicable): _____

Telephone Number*: _____

Email Address*: _____

*Required fields

To be completed by the student / former student:

AUTHORIZATION TO PICK-UP A DIPLOMA:

I (please print) _____, hereby authorize the above named person to pick-up my official Concordia University diploma on my behalf. This authorization is only valid for the request made on _____
DD / MM / YY

Student's Signature _____ **Date** _____
DD / MM / YY

NOTE:

- The University reserves its right to verify the information provided herein and may, in cases that could not be satisfactorily authenticated, decline to allow a third party to pick a diploma on someone's behalf.
- The authorized third party must present valid photo I.D. when collecting the diploma.