Staten Island Technical High School

Mark Erlenwein, Principal

DIPLOMA PICK-UP RELEASE FORM

STUDENT'S NAME (print) _____ OSIS: _____

I understand that my high school diploma **cannot be mailed to me** nor **replaced**. With this knowledge, please release my diploma to:

_____	_____
Name of person who will pick up diploma: (please print)	Relation to Student: (Only immediate adult family member/guardian) (Please print)

_____	_____	_____
Signature of Graduate	Official Class	Date

For SITHS office personnel:

Diploma picked up on (date): _____ by (Signature): _____

Name of office staff who released diploma: _____

Signature of office staff who released diploma: _____