



STEVENS
 INSTITUTE of TECHNOLOGY
 THE INNOVATION UNIVERSITY

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Degree Release Form

Please complete this form once for each Degree Award Date.

Name: _____ Student Identification No.: _____

Degree(s) Awarded: Bachelor Minor Master Doctorate Certificate of Special Study

Degree Award Date: January/February May Other (specify) _____ Year: 20____

Degree to be released to: Myself Third Party

Please complete the following if releasing to a third party:

Name of person to release Degrees to: _____
(Please Print Name)

I hereby grant authorization to Stevens Institute of Technology to release my above referenced degree to the parties listed above. It is my understanding that the party to whom the degree is released may not disclose any information to any other party without my written consent. I understand that a valid photo ID is required and no degree will be released to anyone other than the above referenced party. I, also, understand that the Degree Release Form does not constitute or replace the FERPA Release Form. In the event that further information is required regarding my student account, I understand the degree may not be released by Stevens Institute of Technology.

 STUDENT SIGNATURE

 DATE

I hereby certify that I have obtained the above degree(s), and that, once released, Stevens Institute of Technology will not be held responsible for issuing the above mentioned degree(s).

 STUDENT SIGNATURE

 DATE

 REGISTRAR'S OFFICE

 DATE