



**SCHOOL OF HEALTH  
RELATED PROFESSIONS**

University of Medicine & Dentistry of New Jersey

Office of Enrollment Services

## Academic Attire Authorization for Release Form

Academic Attire for Commencement may be released to an individual authorized by the attendee, who may be unable to pick-up their cap and gown at the designated campus location. Distance students who are unable to pick-up their academic attire in person should contact Enrollment Services.

**Please Print Legibly:**

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID# \_\_\_\_\_ Program/Major: \_\_\_\_\_ If Joint Program, Affiliate: \_\_\_\_\_

Daytime Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Reason/Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Academic Attire Release Consent Statement:**

I, \_\_\_\_\_, am unable to pick-up my academic attire at the \_\_\_\_\_ campus and authorize \_\_\_\_\_ or \_\_\_\_\_ to retrieve my cap and gown package. This individual may be reached at: \_\_\_\_\_.

Relationship to Attendee: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date Requested:** \_\_\_\_\_

**ENROLLMENT SERVICES USE ONLY**

Enrollment Services signature \_\_\_\_\_ Date Received \_\_\_\_\_