STUDENT'S NAME (print)	OSIS:	

STUYVESANT HIGH SCHOOL Seung Yu, Principal

DIPLOMA PICK-UP RELEASE FORM

I understand that my high school diploma ca knowledge, please release my diploma to:	nnot be mailed to me nor replac	ed. With this		
Name of person who will pick up diploma (Please print)		Relation to Student (please print) (Only immediate adult family member/guardian)		
Signature of Graduate	7 Official Class	2//2021 Date		
Diploma picked up on:Date	by:Signature			
Signature of college office staff who re	leased diploma:			