MPS STUDENT CLEARANCE FORM
PLEASE FILL OUT BOTH PAGES OF THIS FORM, AND RETURN IT TO THE MPS OFFICE.

NAME: ___________________________________________ DATE: _____________
  Last Name       First Name        M.I.

STUDENT #: __________________ DIVISION: ________ TTRACK: ______________

CHAIR: ___________________________ EXPECTED DATE OF DEPARTURE: _____________

In order to be cleared for graduation, you must have a representative from each office noted below sign and date this form, and please enter your forwarding and employment information.

LIBRARIES: All books and documents borrowed have been returned, or satisfactory arrangements have been agreed upon.

RSMAS LIBRARY libcirc@rsmas.miami.edu
SIGNED: ___________________________ DATE: _____________

Richter Library (RSMAS Library can sign for Richter)
SIGNED: ___________________________ DATE: _____________

DIGITAL PRINT FACILITY (PRINT SHOP): There are no outstanding balances.
(Doug Tyrrell – S Grosvenor, First Floor) Doug Tyrrell: yanina@iadigitalprint.com
SIGNED: ___________________________ DATE: _____________

FACILITIES: ID card has been returned. Office Manager: Cristina "Cristy" Barrera cbarrera@miami.edu
(N Grosvenor 103)
SIGNED: ___________________________ DATE: _____________

REMOVE LOCK FROM LOCKER: Lock returned to the MPS office.
(MPS Office, S/A 132)
SIGNED: ___________________________ DATE: _____________

EQUIPMENT: All equipment has been returned.
(MPS Office, S/A 132)
SIGNED: ___________________________ DATE: _____________
FORWARDING INFORMATION

NAME: ____________________________________________

__________________________  ________________  __________
Last Name                        First Name            M.I.

ADDRESS: ____________________________________________

__________________________  ________________  __________
City                          State                  Zip Code

HOME OR CELL PHONE: ________________

PERSONAL E-MAIL: ____________________________

__________________________________________________________________________________________

EMPLOYER: ____________________________________________

EMPLOYER ADDRESS: ____________________________________________

__________________________  ________________  __________
City                          State                  Zip Code

COUNTRY: ____________________________

EMPLOYER E-MAIL: ____________________________

COMPANY/ORGANIZATION WEBSITE: ____________________________

__________________________________________________________________________________________

DATE OF GRADUATION: ____________________________

DEGREE: ____________________________

DIVISION: ____________________________

__________________________________________________________________________________________
(If applicable)

SPOUSE NAME: ____________________________

Rev. 7/2015