NEOMA
BUSINESS SCHOOL
REIMS · ROUEN · PARIS

POWER OF ATTORNEY TO COLLECT THE DIPLOMA

IN PLACE OF THE GRADUATE

DIPLOMA HOLDER :

I, the undersigned

NAME: .....

(maiden name for married women)

FIRST NAME: .....

Date of birth: ..... Place of birth: .....

Address: .....

.....

PROXY TO: (person picking up the diploma)

NAME: .....

(maiden name for married women)

FIRST NAME: .....

Date of birth: ..... Place of birth: .....

TO COLLECT MY DIPLOMA FROM:

☐ Name of Program.....

Done at ..... on .....

Signature of Diploma Holder

(preceded by the words "Good for Power of Attorney")

Signature of the person withdrawing the diploma

ITEMS TO BE PROVIDED WITH THE PROXY: Photocopy of the diploma holder's ID and the original ID of the person picking up the diploma.