

Diploma Mail Request

Last Name: _____ First Name: _____

EmplID or Last 4 of SSN: _____ Date of Birth _____

Telephone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip code: _____

Undergraduate

Graduate

Doctoral

Plan (Major): _____ Graduation Date (i.e. May 1992): _____

Instructions:

- Ensure that the address stated above is correct since your diploma will be mailed to that address.
- Once form is completed email it to Registrar@ccny.cuny.edu.
- Allow 3-5 business days for digital diploma to be e-mailed, and 2-3 weeks for diploma to be received by mail.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Received _____

Processed _____