

Diploma Mail Request

Last Name: _____ First Name: _____

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

CCNY E-mail: _____@citymail.cuny.edu Personal e-mail: _____

Telephone: _____ - _____

Address: _____

City: _____ State: _____ Zip code: _____

Check your Career: 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 _____