

The City College of New York

Office of the Registrar
Wille Administration Building, Room 102
160 Convent Avenue
New York, NY 10031

Diploma Mail Request

Last Name: _____ First Name: _____

Student I.D.# _____

Telephone: _____

E-mail: _____

Undergraduate: _____

Graduate: _____

Plan (Major): _____

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

Instructions:

- You must enclose a self-addressed prepaid envelope (U.S. Mail, FedEx) with this Diploma Mail Request Form.
- The envelope must be prepaid and at least 9 ¾ in x 12 ½ in for the mailing of the diploma.
- Doctoral degrees: The prepaid envelope must be at least 15 in x 12 in for the mailing of the diploma.
- Return form and prepaid envelope to the address at the top of the form.

Signature: _____ Date: _____

The City College of New York regrets that we cannot be responsible if the diploma is lost, stolen, or damaged in the mail. In the event that you do not receive your diploma or damaged, you will be responsible for ordering a replacement copy and for all associated fees.