



Request to Mail Diploma

Certificates and/or diplomas will not be released if student has any financial obligations

Section I: Student Information

Name: _____ Student ID: _____
(Last) (First) (MI)

Degree Awarded: _____ Semester: _____ Year: _____

Section II: List certificate(s) and/or diploma(s) to be mailed:

Section III: Mailing/Contact Information

Address:

Telephone: _____

Email: _____

Section IV: Acknowledge and sign

I, _____, am requesting for my certificate(s) and/or diploma(s) to
(Print Name)

be mailed to the address listed above.

Signature: _____

Date: _____

<u>For Office Use:</u>
Mailed By: _____
Date Mailed: _____
SHADIPL: _____