



Diploma Mailing Request

Please use this form to request that your diploma be mailed to the address you have on file.

Student Information – Please print clearly

_____	XXX-XX-_____	____/____/____	
EMPLID (CUNYfirst ID)	Last 4 Digits of SSN	Date of Birth	
_____	_____	_____	_____
Last Name	First Name	MI	Name while attending (if different)
_____		_____	
Street Address		City, State, Zip	
(____) ____ - _____	_____		
Phone	Email		

Please attach the following to complete your request -

- **Identification card** (Government-issued identification card)

Conferral (Graduation) Date

Academic Program (Degree)

Academic Plan (Major)

College Honors (if applicable)

Student Signature

Date

If you have any additional questions or concerns regarding the information above please refer all inquiries to Graduation.Audit@Lehman.cuny.edu (or) call the Graduation Audit Office (718) 960-7474.

***Please note the Office of the Registrar is not responsible for diplomas that are lost in transit**

Office Use Only

Received by: _____ Date: _____

Processed by: _____ Date: _____

