



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 provide the following to complete your request -

- ❖ **Priority mailer from the U.S. Post Office (Unused)**
 - ✓ Self-addressed with prepaid postage
 - ✓ Priority Mailer **Padded** Flat Rate Envelope 9 ½ x 12 ½
(Mailer MUST be size noted above and padded due to diploma case)
- ❖ **Identification card** (Lehman College ID or Government-issued ID)



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, kindly refer all inquiries to Graduation.Audit@Lehman.cuny.edu (or) call the Graduation Audit Office (718) 960-7474.

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

Office Use Only	
Received by: _____	Date: _____
Processed by: _____	Date: _____

