

**OFFICE OF THE REGISTRAR**  
 55 W. 125<sup>TH</sup> ST. NEW YORK, NY 10027, 5<sup>TH</sup> FLOOR

**DIPLOMA MAILER**

PLEASE COMPLETE THE INSTRUCTIONS AS FOLLOWS AND MAIL TO THE ADDRESS ABOVE.  
 REQUESTS TAKE 3 – 4 WEEKS TO PROCESS

**YOU MUST INCLUDE THE FOLLOWING DOCUMENTS:**

- **PROOF OF IDENTIFICATION:** ATTACH A COPY OF YOUR PHOTO ID (e.g. DRIVER/NON DRIVER'S LICENSE, PASSPORT, SPH COLLEGE ID CARD, etc.)
- **POSTAGE FEES:** YOU MAY CHOOSE ONE OF THE FOLLOWING OPTIONS:
  1. DOMESTIC U.S. /ALL U.S. TERRITORIES: \$3.00 (STAMPS ONLY! NO PERSONAL CHECKS ACCEPTED)
  2. ALL INTERNATIONAL TERRITORIES: \$7.00 (U.S. STAMPS OR MONEY ORDERS IN U.S. CURRENCY ONLY! NO PERSONAL CHECKS ACCEPTED!)
  3. COURIER SERVICE: PREPAID USPS MAILING ENVELOPES ONLY. SIZE: (8 ½ X 11 FOR GRAD) OR (11 X 14 DOCT)

INCOMPLETE MAILERS WILL BE RETURNED.

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENT AND SIGN BELOW**

I ACCEPT RESPONSIBILITY FOR THE CONDITION IN WHICH MY DIPLOMA WILL BE RECEIVED, PROVIDED REASONABLE CARE HAS BEEN TAKEN IN MAILING THE DOCUMENT.

\_\_\_\_\_  
**SIGNATURE OF ALUMNUS**

\_\_\_\_\_  
**DATE**

**PLEASE FILL OUT THE INFORMATION BELOW (MUST BE LEGIBLE)**

\_\_\_\_\_  
 NAME: LAST, FIRST (AS STATED ON SPH OFFICIAL RECORD)

\_\_\_\_\_  
 CUNYfirst ID NUMBER

\_\_\_\_\_  
 E-MAIL ADDRESS

\_\_\_\_\_  
 TITLE OF DEGREE

\_\_\_\_\_  
 DATE OF DEGREE AWARDED

MAILING ADDRESS (MUST BE LEGIBLE)

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY, STATE, ZIP CODE

**\*\*\*\*This form will not be processed without ALL the necessary information\*\*\*\***

Office Use Only

Fee Paid: \_\_\_\_\_ Mailed: \_\_\_\_\_ Processed by \_\_\_\_\_ Date \_\_\_\_\_