



DUPLICATE DIPLOMA REQUEST FORM

Date: _____

Student ID Number: _____ - _____ - _____

Last Name: _____

First Name: _____

Middle Name/Initial: _____

Street Address: _____

City/State/Zipcode: _____

Telephone Number: (____) _____

E-mail Address: _____

Degree Type Earned: _____

Graduation Date: _____

I _____, request a duplicate diploma for the following reasons:

The original diploma was (please check one): _____ Lost _____ Stolen _____ Destroyed

Signature _____

Check one Below:

- I would like to **pick up** my diploma at the Registrar's Office.
- If you are requesting for your diploma to be mailed, please enclose a self-addressed prepaid envelope (U.S. Mail, DHL, FedEx, etc.) with your Diploma Mail Request Form. The prepaid envelope must be at least 9 ¾ x 12 ½ for the mailing of the diploma.

Send Money Order or Check (including prepaid envelope if applicable) **in the amount of \$16.00 payable to:**

The City College of New York
Office of the Registrar
160 Convent Avenue, Room A-102
New York, NY 10031



State: _____ County: _____
Sworn before me this _____ day of _____, 20 _____

Notary

Place notary stamp in box

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 it is damaged, you will be responsible for ordering a replacement copy and for all associated fees. Thank you for your understanding.