HUNTER

The City University of New York

OFFICE OF THE REGISTRAR – DEGREE AUDIT UNIT • 695 PARK AVENUE/ROOM 217HN • NEW YORK, NY 10065
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DIPLOMA MAILER

COMPLETE THE INTRUCTIONS AS FOLLOWS AND MAIL TO THE ADDRESS ABOVE.
REQUESTS TAKE 2 – 4 WEEKS TO PROCESS (6 – 8 WEEKS IF YOU GRADUATED BEFORE 1981)

YOU MUST INCLUDE/PROVIDE THE FOLLOWING AND ATTACH IT TO THIS REQUEST FORM:

- **PROOF OF IDENTIFICATION:** ATTACH A COPY OF YOUR PHOTO ID (E.G. DRIVER/NON DRIVER'S LICENSE, PASSPORT, HUNTER COLLEGE ID CARD, ETC.)
- **POSTAGE FEES:** YOU MAY CHOOSE *ONE* OF THE FOLLOWING OPTIONS:
  1. **DOMESTIC U.S. / ALL U.S. TERRITORIES:** *$1.80* (STAMPS ONLY! **NO PERSONAL CHECKS ACCEPTED!**)
  2. **ALL INTERNATIONAL TERRITORIES:** *$4.50* (U.S. STAMPS OR MONEY ORDER(S) – TO HUNTER COLLEGE IN U.S. CURRENCY ONLY! **NO PERSONAL CHECKS ACCEPTED!**)
  3. **COURIER SERVICE:** *PREPAID* ENVELOPES (AT LEAST 8 X 11 IN SIZE) FEDERAL EXPRESS, UPS, PRIORITY EXPRESS MAIL, ETC.

INCOMPLETE MAILERS WILL BE RETURNED TO SENDER.

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

NAME: LAST, FIRST, MIDDLE *(AS STATED ON YOUR HUNTER RECORD)*

SOCIAL SECURITY NUMBER _____ E-MAIL ADDRESS _____

TITLE OF DEGREE AWARDED _____ DATE OF DEGREE AWARDED _____

MAILING ADDRESS

NAME

ADDRESS

ADDRESS

CITY, STATE, ZIP

For Office Use Only	
Date Received Initials	Date Processed Initials