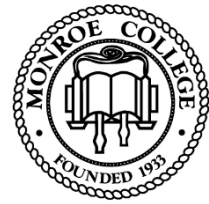


# Monroe College

## Diploma Mail Request



### STUDENT INFORMATION: PLEASE PRINT

Complete the information below along with your written signature and return to the Monroe College Office of the Registrar either by email to [registrar@monroecollege.edu](mailto:registrar@monroecollege.edu); or fax to (718) 817-8419; or by mail to Office of the Registrar, 2501 Jerome Avenue, Bronx, NY 10468.

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Degree (check all that apply):  Certificate  Associate  Bachelor's  Master's

Major: \_\_\_\_\_

Please indicate the mailing address where you want the diploma sent:

|                  |       |       |
|------------------|-------|-------|
| Address - Street |       | Apt # |
| City             | State | Zip   |

I hereby request Monroe College to mail my diploma to the address listed above. I will in no way hold Monroe College responsible nor will a duplicate diploma be issued if the diploma is lost or damaged during the mailing process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|   |
|---|
| OFFICE USE ONLY:<br>Date Received: _____ Date Mailed: _____ Processed by: _____ |
|---|