

REQUEST FOR DIPLOMA MAILING

PLEASE PRINT CAREFULLY

Your Name: _____
Last First M.I.

E-mail: _____

Did you graduate under a different name? _____

If so, what was it? _____

Your student identification number: _____

The address to which you wish the diploma mailed:

Number Street Apartment Number

City State ZIP/Post Code COUNTRY

Is this your permanent address? _____

DEGREE? _____ COLLEGE: _____ MAJOR: _____ WHEN: _____
Month Year

We must have your Signature: _____ **Date:** _____

Fill out the request and attach a check for **\$6.25** (within the U.S.A.) or **\$9.25** for International Mail. Send this form and check to the address above. If you file in person, please pay first at the Cashier's Window and then give this form to the staff at the Highlander One Stop Shop.

Amount \$ _____ **MAKE CHECK PAYABLE TO U.C. REGENTS**



Cashier's Stamp



Received Date (ar 02/09)