

# Monroe University



## Diploma Mail Request

### STUDENT INFORMATION: PLEASE PRINT

Complete the information below along with your written signature and return to the Monroe University Office of the Registrar either by email to [registrar@monroeu.edu](mailto:registrar@monroeu.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 University to mail my diploma to the address listed above. I will in no way hold Monroe University responsible nor will a duplicate diploma be issued if the diploma is lost or damaged during the mailing process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Processed by: \_\_\_\_\_