

DIPLOMA REQUEST FORM – MAIL HOME

STUDENT INFORMATION

Name _____ Date of Request _____

Signature _____

School(s) Attended: _____ UID # _____

Arts & Sciences

E-Mail _____

Nursing – Undergraduate

Nursing – Graduate

Daytime Phone _____

New Resources

Graduate

Allow **7 – 10 business days** for diploma to be mailed home.

PRINT CLEARLY. THIS FORM WILL BE USED TO MAIL YOUR DIPLOMA.

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Graduation _____

Were you enrolled under another name(s)? YES NO

If so, indicate name(s) _____

Mail request & \$10.00 (check or money order made payable to The College of New Rochelle) to:

The College of New Rochelle

29 Castle Place

New Rochelle, NY 10805

Att: Diane Luisi – Diploma Specialist – Registrar’s Office

(914) 654-5215

OFFICE USE ONLY:

Paid: _____ Accepted By: _____ (Initials)

Mailed ___/___/___ By: _____ (Initials)

In-Person ___/___/___ By: _____ (Initials)

Revised 08/22/2014 MJL