



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

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

### YOU MUST INCLUDE THE FOLLOWING ATTACHMENTS:

- **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: \$2.07** (STAMPS ONLY! **NO PERSONAL CHECKS ACCEPTED!**)
  2. **ALL INTERNATIONAL TERRITORIES: \$5.00** (U.S. STAMPS OR MONEY ORDERS IN U.S. CURRENCY ONLY! **NO PERSONAL CHECKS ACCEPTED!**)
  3. **COURIER SERVICE: PREPAID USPS MAILING ENVELOPES ONLY** (AT LEAST 8 X 11 IN SIZE)

**INCOMPLETE MAILERS WILL BE RETURNED.**

### 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