



The City University of New York

OFFICE OF THE REGISTRAR – DEGREE AUDIT UNIT • 695 PARK AVENUE/ROOM 217HN • NEW YORK, NY 10065
DEGREE.AUDIT@HUNTER.CUNY.EDU

DUPLICATE 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.)
- **DUPLICATE DIPLOMA FEE:** \$30 PER DUPLICATE DIPLOMA (**MONEY ORDERS ONLY! NO PERSONAL CHECK ACCEPTED**)
- **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)

YOU WILL BE CONTACTED VIA E-MAIL REGARDING INCOMPLETE MAILERS

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