

Diploma Request



Student Information

Name: _____ | H# or Last 4 digits of SSN: _____

Former Name(s): _____ | Name Desired on Diploma: _____

Email:* _____ | Phone:* _____

Note: We will only use your email/phone information for the purpose of contacting you regarding questions concerning your request

Are you currently enrolled: Yes No If no, please note your last year of attendance: _____

Diploma Request Options

Please select and complete only the sections that are applicable to your request.

Order Options:

- Diploma Reorder*** | Fee: \$25 / Delivery time frame: 6 weeks
- Diploma Reorder* + PDF version** | Fee: \$27.50 / Delivery time frame: 6 weeks (PDF will be sent to contact email at the time diploma is placed in the mail)
- Rush Diploma Reorder** | Fee: \$45 (includes \$20 rush shipping fee) / Delivery time frame: 2 weeks

*Delivery Options:

- Mail Service** | Diploma will be mailed via UPS if domestic for no extra charge. Tracking will be emailed by Jostens. An additional fee will be charged for international delivery; fee is based on country of destination.

Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Email: _____ Contact Phone: _____

- Pick Up Service** | First and last name of authorized individual: _____
 - I authorize this individual to pick up my diploma on my behalf. I understand that they will need to present a valid photo ID at time of pick up.

➤ Student Signature: _____ Date: _____

IMPORTANT! Your request will not be processed without your official signature on this form. Electronic signatures are not accepted.

To send via email: Fill out form electronically (except the Signature fields) >> print form >> sign form >> scan and email signed form to Registrar@CUChicago.edu.

Payment Information

Name on Card: _____

Cardholder Phone: _____

Card Number: _____

Cardholder Signature: _____

Type of Card: _____

Date of Transaction: _____

CVV#: _____ Exp Date Mo: _____ Exp Date Yr: _____

Student H#: _____

Billing Address: _____

Student Name: _____

City: _____ State: _____ Zip: _____

Amount to be Charged to Card: _____

(OFFICE USE ONLY) Capture Number: _____