

# Diploma Request Form



## 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 USPS 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: 1) Fill out form electronically (except the Signature fields) 2) Print form 3) Sign form 4) Scan and email signed form to [Registrar@CUChicago.edu](mailto: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: \_\_\_\_\_