



DIPLOMA MAILING REQUEST FORM

Print legibly, complete, and submit this form to the Registrar's office.
All fields are required.

Student ID # (HUID)	House (Undergraduate students)	Department (Graduate students)
NAME (Name under which I am currently enrolled):		
Last	First	Middle
I have applied for the following degree period:		
<input type="checkbox"/> November of 20__	<input type="checkbox"/> March of 20__	<input type="checkbox"/> May of 20__
Please mail my diploma to the following address: (NO P.O. Boxes)		
Telephone Number in case of a problem with FED EX delivery:		
Attached is the mailing fee. No cash please. Please make check payable to "Harvard University"		
<input type="checkbox"/> \$15.00 (United States)	<input type="checkbox"/> \$25.00 (Mexico and Canada)	<input type="checkbox"/> \$40 (all other countries)
Student Signature	Date	

Office Use Only	Date Form Received:
Start Date:	Date Processed:
End Date:	