

BARUCH COLLEGE/CUNY

One Bernard Baruch Way/BoxH-0850, New York, NY 10010
www.baruch.cuny.edu/registrar

OFFICE OF THE REGISTRAR
Phone: (646) 312-1150
Fax: (646) 312-1151

REQUEST FOR DIPLOMA TO BE MAILED

You may submit this form **ONLY** if currently live outside of the five-boroughs of New York City.

Proof of Identification: Attach a copy of Photo ID – Driver/Non-Driver’s License, Passport, Baruch College ID, Etc.

(Please type or PRINT carefully)

Name on record: _____

Social Security # or Student ID: _____

Degree and Date of Graduation: _____

Day Phone: () _____ Email address: _____

Address to which diploma should be mailed:

I authorize Baruch College, CUNY to mail my diploma to the above address.

Signature:

Authorizing mailing of diploma

Date