



CUNY SCHOOL OF LABOR AND URBAN STUDIES

THE CITY UNIVERSITY OF NEW YORK

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DIPLOMA MAIL FORM

REQUIRED INFORMATION

Last Name: _____ First Name: _____ Middle: _____

EMPLID Number: _____ Phone Number: _____

Email address: _____

Degree (check all that apply) Bachelor Certificate Master

Degree Conferral Date: _____

Due to COVID19 we are continuing to work remotely and will be mailing diplomas/certificates. Please complete all fields and acknowledge the boxes below.

- USPS**
The College is not responsible if the diploma is lost, stolen, or damaged in the mail. If you do not receive your diploma or arrives damaged, you will be responsible for ordering a replacement copy and pay the \$30 fee.
- Please confirm that your personal data is correct in CUNYfirst:
Address, personal email and phone number

MAILING ADDRESS FOR ORIGINAL DIPLOMA

Name/Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Student's Signature

Date

E-mail form:
Registrar@slu.cuny.edu