



The City University of New York

OFFICE OF THE REGISTRAR – DEGREE AUDIT UNIT • 695 PARK AVENUE/ROOM 217HN • NEW YORK, NY 10065  
DEGREE.AUDIT@HUNTER.CUNY.EDU

### DUPLICATE DIPLOMA MAILER

PLEASE COMPLETE THE INTRUCTIONS AS FOLLOWS AND MAIL TO THE ADDRESS ABOVE.

*REQUESTS TAKE 2 – 4 WEEKS TO PROCESS (4 – 6 WEEKS IF YOU GRADUATED BEFORE 1981)*

#### **YOU MUST INCLUDE THE FOLLOWING ATTACHMENTS:**

- **PROOF OF IDENTIFICATION:** ATTACH A COPY OF YOUR PHOTO ID (E.G. DRIVER/NON DRIVER'S LICENSE, PASSPORT, HUNTER COLLEGE ID CARD, ETC.)
- **DUPLICATE DIPLOMA FEE:** \$30 PER DUPLICATE DIPLOMA (**MONEY ORDERS ONLY! NO PERSONAL CHECK ACCEPTED**)
- **POSTAGE FEES:** YOU MAY CHOOSE ONE OF THE FOLLOWING OPTIONS:
  1. **DOMESTIC U.S./ ALL U.S. TERRITORIES:** \$2.07 (STAMPS ONLY! **NO PERSONAL CHECKS ACCEPTED!**)
  2. **ALL INTERNATIONAL TERRITORIES:** \$5.00 (U.S. STAMPS OR MONEY ORDERS IN U.S. CURRENCY ONLY! **NO PERSONAL CHECKS ACCEPTED!**)
  3. **COURIER SERVICE:** *PREPAID USPS* MAILING ENVELOPES **ONLY** (AT LEAST 8 X 11 IN SIZE)

***YOU WILL BE CONTACTED VIA E-MAIL REGARDING INCOMPLETE MAILERS***

#### **PLEASE CAREFULLY READ THE FOLLOWING STATEMENT AND SIGN BELOW**

*I ACCEPT RESPONSIBILITY FOR THE CONDITION IN WHICH MY DIPLOMA WILL BE RECEIVED, PROVIDED REASONABLE CARE HAS BEEN TAKEN IN MAILING THE DOCUMENT.*

\_\_\_\_\_  
SIGNATURE OF ALUMNUS

\_\_\_\_\_  
DATE

#### **PLEASE FILL OUT THE INFORMATION BELOW**

\_\_\_\_\_  
NAME: LAST, FIRST, MIDDLE (AS STATED ON YOUR HUNTER RECORD)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
TITLE OF DEGREE AWARDED

\_\_\_\_\_  
DATE OF DEGREE AWARDED

#### **MAILING ADDRESS**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

For Office Use Only			
_____ Date Received	_____ Initials	_____ Date Processed	_____ Initials