



OFFICE OF THE UNIVERSITY REGISTRAR  
1900 West Olney Avenue - Box 818  
Philadelphia, PA 19141

**Personal Information:**

**Name:** \_\_\_\_\_

**Maiden Name:** \_\_\_\_\_

**Student ID# or SS#:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Graduation Information:**

**Graduation Date:** \_\_\_\_\_

**Degree Earned:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name as it should appear on the diploma:

Please print the address where you would like to have your diploma(s) sent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Notary signature/seal:***

Your request cannot be honored unless this form is notarized:

