



**Office of Records**  
 3900 Lomaland Drive  
 San Diego, CA 92106  
 T 619.849.2286  
 F 619.849.2508  
[www.pointloma.edu/Records](http://www.pointloma.edu/Records)

# DIPLOMA MAILING REQUEST

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Permanent Phone: (post-graduation) \_\_\_\_\_ Email: \_\_\_\_\_

Semester of Graduation: (Circle One)                      Fall      Spring      Summer      Year: \_\_\_\_\_

Degree Granted: (Circle One)                      Bachelor's                      Master's                      Educational Specialist

\_\_\_\_\_ I will pick up my diploma

(When your diploma arrives, we need your phone number and email address in order to notify you. Please make sure to fill out the top portion of this form with *permanent* information)

\_\_\_\_\_ I authorize my diploma to be sent to the address below: (Please print legibly)

_____		
Name		
_____		
Address Line 1		
_____		
Address Line 2		
_____		
City	State	Zip Code

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The name printed on a student's diploma must match the name under which the student attended as it's listed in the official University database. If the student wishes to have a different name appear on the diploma, the student must provide a valid, current driver's license, passport, marriage certificate or court order for name change with the legal name specified. The name in the database will then be updated to reflect the name change and the diploma can be printed with the new name. Any departure from this policy must be approved in writing by the Vice Provost for Academic Administration.*

For Student Financial Services Use Only:

Diploma Clearance: _____	Date: _____
--------------------------	-------------

For Records Office Use Only:

Student Picked-up: _____	Date: _____	Diploma Mailed: _____	Date: _____
--------------------------	-------------	-----------------------	-------------