



CITY COLLEGES®
of CHICAGO

Diploma/Certificate Mail Request Form

Date: _____

By signing this form, I am requesting the Registrar Office to mail my Diploma or Certificate to me at the address listed below. In this request I understand I can not hold my campus liable if the diploma and/or certificate is lost, damaged or stolen while in transit.

Please Note: If lost, damaged or stolen while in transit, students will have to request a diploma/certificate reprint and pay the \$25 fee. This request requires the completion of a [Diploma/Certificate Reprint Form](#).

Student ID Number: _____ Campus: _____

Degree **OR** Certificate to Mail (Check **ONE ONLY**): Diploma Certificate

Note: One form is required per credential being mailed.

- Associate in General Studies Associate in Science Associate in Arts Associate in Applied Science
- Associate in Engineering Science Associate in Fine Arts Advanced Certificate Basic Certificate
- GECC

For AAS, AC, and BC ONLY, please list the program/plan completed: _____

Student Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Student Signature

Please e-mail this completed form to your campus Registrar:

Daley College: **daregistrar@ccc.edu**
 Harold Washington College: **hwregistrar@ccc.edu**
 Kennedy-King College: **kkregistrar@ccc.edu**
 Malcolm X College: **mxregistrar@ccc.edu**

Olive-Harvey College: **ohregistrar@ccc.edu**
 Truman College: **trregistrar@ccc.edu**
 Wilbur Wright College: **wrregistrar@ccc.edu**

Registrar Office Use Only:

Staff Processed by: _____ Date Processed: _____