

## REQUEST FOR DIPLOMA MAILING OR PROXY PICK-UP

This page is only if you wish to have your diploma mailed (must live outside of the five-boroughs) or designating a proxy to pick up your diploma. Proof of Identification must be submitted with this form. **Proof of Identification**: Attach a copy of your Photo ID – Driver/Non-Driver's License, Passport, Baruch ID, Etc. Diploma mailing or proxy pick-up request submitted without proof of identification will be denied. **Please print clearly** and fill in all portions of the form. Any question or comments please email us at DIPLOMAS@Baruch.cuny.edu

STUDENT INFORMATION				
	xxx—xx—			/ /
EMPLID (CUNYFirst ID)	Last four digits SSN	•		Date of Birth
Name: Last	First	MI	Name while attending (if	f different)
Email Address			Daytime Phone	
Undergraduate Graduate	Degree and Date:			
REQUEST FOR DIPLOMA TO	BE MAILED			
Address to which diploma sho	ould be mailed:			
DESIGNATED PROXY				
Proof of Identification: Attach a co	opy of your Photo ID – Driver/N	lon-Driver's Licens	se, Passport, Baruch ID	), Etc.
*PLEASE NOTE: Designated Proxy	y must have valid photo ID to p	ick-up diploma a	t the Registrar's Office	e.
Please print or type name car	efully.			
Proxy Name:				
AUTHORIZATION				
I authorize Baruch College, CUNY t	o mail my diploma to the above	address or allow i	ny proxy	
named above to pick-up my diplor	na.			AR USE ONLY ived by Processed by Initial:
Student's Signature	Date			EFFECTIVE 01/201