



■ **DIPLOMA MAILING REQUEST**

Student Information		
Student ID		
Last Name	First Name	Middle Name
Date of Birth	Graduation Date	Campus Attended
Street Address		
City	State	ZIP
Country	Email Address	
Home Telephone	Cell Telephone	Work Telephone

I request that New York Institute of Technology mail my diploma to the address above.

Print Student's Name _____ Student's Signature _____ Today's Date _____

Mail, fax, or e-mail completed and signed form to the Office of the Registrar

Long Island (Old Westbury, NY)
New York Institute of Technology
Office of the Registrar
Northern Boulevard
Old Westbury, NY 11568-8000
Tel: 516.686.7694
Fax: 516.686.1113
graduation@nyit.edu

New York City (Manhattan)
New York Institute of Technology
Office of the Registrar
16 W. 61st Street
New York, NY 10023-7692
Tel: 516.686.7694
Fax: 212.261.1608
graduation@nyit.edu

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