

## **DIPLOMA MAILING FORM**

Last Name:	First Name:Phone:
Permanent mailing address after graduation:	
remailent mailing address arter graduation.	
I would like to pay the \$20.00 diploma-mailing fe	ee by:
$\square$ Cash $\square$ Check (made payable to Harva	rd University)    Charge to Student Account*
*Charges to Student Accounts can only be made up Account charges must be cleared before your diplom Please mail** my diploma to:	na can be mailed out.
**Your diploma will be sent by Federal Express. or damaged diplomas.	The Registrar's Office is not responsible for lost
I understand that in order to receive my diploma I n	nust be cleared both academically and financially.
Student's Signature:	Date:/
Contact Information: 677 Huntington Avenue, G	G-4 Boston, MA 02115
Phone: 617.432.1032 Fax: 617.432.2009	Email: registrar@hsph.harvard.edu
OFFICE U	SE ONLY
☐ \$20.00 Mailing Fee Received ☐ Cash	☐ Check #
Initial:	Diploma Sent://