

East-West University

Records Office

816 S. Michigan Avenue | Chicago, IL 60605 | 312-939-0111, ex. 1810

-REQUEST TO HAVE DIPLOMA MAILED-

Student Name (Print) _____ ID# _____

Graduation Year: _____ Degree Title _____

Please mail my diploma to (write complete address on the lines below):

Student Signature _____ Date _____

****NOTE: Your balance must be paid in full before your degree is released. Once all financial obligations have been cleared, and graduation requirements have been met, your diploma will be mailed to the address above. If you would like a confirmation call/email when the diploma is sent, please include your preferred method of contact information below:***

Phone Number: _____ **Email Address:** _____

For Office Use Only:

Financial Aid Clearance _____ Date Approved _____

Records Official _____ Date Mailed _____