Authorization to Mail Diploma

(Submit to Registrar's Office once completed)

This is authorization for Eastern Connecticut State University to mail my diploma to:

Print Name: _____   Date: _____

Eastern ID: _____   or   Last Four Digits of SSN:_____

Date of Graduation: _____

Phone #: _____   E-Mail Address: _____

Signature (Print and Sign) _____

Please return to:
Registrar's Office
Eastern Connecticut State University   or   diploma@easternct.edu
83 Windham Street
Willimantic CT 06226

For Office Use Only:

Received Date_____   Received By _____   Processing Date_____   Processed By_____