



MAIL-OUT DIPLOMA REQUEST
A \$20.00 fee is required for this service

I _____
Name *CWID*

am requesting that my diploma for _____ be mailed to the following
Semester and Year

address: *(Please provide complete address)*

Please return this form to the Registrar's Office at your respective campus:

City Park Campus:
Delgado Community College
Registrar's Office
Attn: Graduation Coordinator
615 City Park Avenue
New Orleans, LA 70119

Westbank Campus
Delgado Community College
Registrar's Office
Attn: Graduation Coordinator
2600 General Meyer Avenue
New Orleans, LA 70114

Charity School of Nursing:
Delgado Community College
Registrar's Office
Attn: Graduation Coordinator
450 S. Claiborne Avenue
New Orleans, LA 70112

NOTE: No personal checks will be accepted. For in-person requests, payments will be accepted in the form of cash, credit card, money order or cashier's check. For mail-in requests, only cashier's checks or money orders will be accepted.

Signature: _____ Date: _____

*****Diplomas will be mailed out after conferring of degrees at Commencement exercises.**