



**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.**