



REQUEST TO MAIL DIPLOMA

PRINT NAME CLEARLY & EXACTLY AS IS APPEARED ON THE DIPLOMA

NAME: _____
FIRST NAME MIDDLE NAME LAST NAME DOB

Student No. _____ Phone No. _____ Email _____

I give Cerritos Community College district permission to mail my Degree/Certificate to the following Address:

Address / Street / Apt #

City / State/ Zip

Diploma was Earned: Term: Spring Summer Fall (Mark one) Year: _____

Associate Degree

Certificate of Achievement

Academic Plan / Major: _____

Academic Plan / Major: _____

Academic Plan / Major: _____

Signature: _____

I UNDERSTAND AND ACCEPT that by providing my full name in lieu of the electronic signature, I am acknowledging my agreement with the acceptance of these statements.

Directions:

To submit this form please:

1. Download, complete and save the form and email it to admissions-info@cerritos.edu
- OR
2. Submit this form using Internet Explorer (internet browser). Copy and paste the URL for this form into the search bar of an Internet Explorer Browser, then complete and submit the form from there.