



Request to Mail Diploma or Third Party Pickup

Must include copy of a valid Driver's License or Student ID Card

Revised 3-16-18

Name: _____ CWID: T _____
Address: _____
Phone: (____) _____ - _____ City State Zip
Email : _____ @ _____

Date Diploma Received: _____ **Term:** Fall Spring Summer

Check One Degree Type:

- Associate in Arts Associate in Science Associate in Applied Science Certificate

Major: _____

Name at the time of degree: _____

Choose One Option:

- Mail Diploma to the Name and Address Listed Below:**
Diploma's can only be mailed to addresses 30 miles or more from the closet TCC Campus

- OR, Third Party Pick-up:** *(Third Party Pick-ups MUST provide a valid Photo I.D.)*

Please allow _____, to pick up my diploma.

First M.I. Last

⇒ Student Signature: _____ Date: _____

Return this form to:

**Records and Student Completion Services
Tulsa Community College
909 S Boston Ave
Tulsa, OK 74119**

graduation@tulsacc.edu

Must include a copy of a valid Driver's License or Student ID Card.

Office Use Only:

Campus the Diploma is Located: _____

Staff Signature: _____ **Date:** _____