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REPRODUCTION CERTIFICATE/DIPLOMA APPLICATION

Name:			Student Identification
First (Given)	Middle	Last (Family)	Number
Email Address:			Telephone Number:
Street Address Line 1:			
Street Address Line 2:			
City/State/Country:			Postal Code:
Document : Indicate the d ☐ Certificate	ocument to be	·	licate or replacement of the original.] Diploma
Academic Program/Plan:			
Degree:			
Major and/or Emphasis:			
Certificates and diplomas are Degree Name:	e printed using th	he Degree Name.	(Legal Name) of record may require documentation. ma, please fill out Apostille/Authentication Application form
nd include it with this applicat		ur Certificate or Dipid	ma, please fill out Apostille/Authentication Application form
Reproduction	: Certificate 1: USPS (Free	- \$25.00 e)	t documents are typically mailed within four weeks. Diploma - \$50.00 US Domestic Express - \$20 International Express (Vendor t graduation@cityu.edu to confirm availability and approximate cost)
		TOTAL for all red	quired and requested services: \$
gnature of Student:			Date:
(Require	ed in accordance w	vith the Family Education	nal Rights and Privacy Act of 1974)
ment Information: Attach	the check or m	oney order to this a	application here OR write in your credit or debit card
ame on Card:			
ard Number:			Expiration Date:
gnature of Cardholder:			Date:
			Date: