



Please Complete

DIPLOMA DELIVERY REQUEST FORM

Please note fields marked with an * are mandatory

Diploma Information	
Date of Graduation:	
Campus:	
*Degree (e.g. H.B.A., H.B.Sc., B.Comm.):	*Student Number or DOB:

Personal Information			
*Full Name:	Surname:	First Name:	Additional Name(s) :
Former Name (if applicable):			
*Delivery Address:	Street Number:	Street Name:	
Unit/Suite/Apartment:	City/Town/Municipality:		*Province/State:
Postal Code/Zip Code:		Country:	
*Contact Telephone Number:	Alternate Telephone Number:		*Email Address:

<p>Note 1: All diplomas that are delivered require a signature by the receiving party. Please note that courier services will not ship to P.O. Boxes.</p> <p>Note 2: Please use an address that can receive packages during regular business hours to avoid delay and returned diplomas.</p>	<p>Note 3: The courier depot will hold a package for 5 days before returning it undelivered. It will be subject to further charges for another delivery.</p>
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Original Diploma attached - (please note, original diploma must accompany this form).

Please return this form to:

Office of Convocation, University of Toronto
Simcoe Hall, 27 King's College Circle, Room 102
Toronto, ON M5S 1A1

* Signature of Graduate (original signature mandatory)

Date: