



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:

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

☐ 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: