



UNIVERSITY
of HAWAII®

HILO Request to Mail Diploma

Office of the Registrar / 200 West Kawili St. Hilo, HI 96720-4091 / Student Services Center, First Floor Rm 101 / Phone: (808) 932-7447 / Fax: (808) 932-7448 / E-mail: uhhro@hawaii.edu

- Diploma will not be released if student has any financial obligations

SECTION I: Student Information

Name: _____ Student ID: _____
Last First MI

Degree Conferral: Semester/Month: _____ Year: _____

SECTION II: Check all items to be mailed and list major/subject/program:

- BA Major: _____
- BS Major: _____
- BBA Major: _____
- Certificate Program: _____
- Master's Program: _____
- Doctoral Program: _____

SECTION III: Mailing/Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Nation: _____ Zip Code: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

FOR OFFICE OF THE REGISTRAR USE ONLY:

SOAHOLD Mailing date: _____ Diploma Covers: _____ SHADIPL Date: _____