University of Houston Clear Lake

DIPLOMA NAME/ADDRESS FORM

1. List your name and student ID number as it is currently listed on university records.

_____ _____

Last Name (PLEASE PRINT) First Middle Student ID Number

2. Name as it should appear on the diploma.
(Records will notify you if further documentation is required.)

_____

(PLEASE PRINT)

3. Diploma Address if different from mailing address:
(This address will only be used for mailing your diploma.)

_____

Street or P.O. Box Apt

_____

City State Zip

_____

STUDENT SIGNATURE DATE

Mail to: University of Houston-Clear Lake, Office of Academic Records, 2700 Bay Area Blvd., Houston, TX 77058

OFFICE USE ONLY
INITIALS: _____DATE:_____