



DIPLOMA MAIL REQUEST

 LAST NAME FIRST NAME STUDENT ID# BIRTHDATE

Address where diploma will be mailed (please print):

 ADDRESS CITY STATE ZIP CODE

Name of Diploma (please print)	Semester/Year Diploma was awarded

Name on diploma will appear the same as when originally issued.

Signature: _____

Date: _____

Email option	Traditional mail option
Request can be emailed to: graduationapp@lattc.edu	Send request to: Admissions and Records Department Los Angeles Trade-Technical College 400 W Washington Blvd Los Angeles, CA 90015