



PRATT INSTITUTE
Office of the Registrar
Multi-mailing Form

I, _____, request
Last Name First

Pratt Institute to mail **(Check ALL that apply)** to the following addresses:

Tuition Bills:

Grades:

Graduation Information:

Address 1

Name Relation

Street Apt Number

City State Zip Code

Address 2

Name Relation

Street Apt Number

City State Zip Code

NOTE: This request will be in effect until your graduation date or you leave Pratt, unless otherwise noted.

Date Mailing Will End

Student Signature

Date

Social Security No. or Pratt ID No.

Email Address