

DIPLOMA REPRINT REQUEST

Office of the Registrar
Jacksonville State University
700 Pelham Road North
Jacksonville, Alabama 36265-1602
Fax: 256-782-5121

**** PLEASE PRINT ****

Student/Social Security Number: _____

PRINT your complete name: _____

Other Names Attended Under: _____

Graduation Date: _____

Degree Received: _____

Daytime Phone: _____

SIGNATURE: _____

Number of Copies: _____

Today's Date: _____

Diplomas are delivered by UPS and require a signature for delivery. UPS will **not** deliver to P.O. boxes. Send to the address listed below:

If you wish to have your diploma reprinted in a name other than originally issued, please print that name below. (You must submit documentation verifying that this is your legal name.)

*** Diplomas are reprinted only at the written request of the recipient.
Payment must accompany request.**

Check one: () Diploma only - \$25.00
() Diploma and cover - \$30.00

Form of Payment: Check _____ Money Order _____ Cash Receipt _____

All credit card information is required for processing:

Credit Card: Visa _____ MasterCard _____ Discover _____
Number _____ V Code* _____ Exp _____
Name on Card _____
Billing Address _____

* V Code = Last three digits in the signature box on the back of the card.

For Office Use Only

Amount Received: _____ Date Received: _____ Processed By: _____ Date Sent: _____