

Office of the Registrar  
3300 South Federal Street, MB104  
Chicago, Illinois 60616  
Tel 312.567.3100  
Fax 312.567.3313



## Diploma Reorder Form

Please print your name legibly as you would like it to appear on your diploma

\_\_\_\_\_  
First Middle Last

Social Security Number or CWID \_\_\_\_\_

Years Attended: Start \_\_\_\_\_ End \_\_\_\_\_ Graduation Date \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Major \_\_\_\_\_

All correspondence regarding this request will be mailed to the address below.

\_\_\_\_\_  
Street Address Apt. # Home phone

\_\_\_\_\_  
City State Zip Code Work Phone

\_\_\_\_\_  
Signature (required) Date

\_\_\_\_ Mail my diploma to the address above.  
\_\_\_\_ Hold my diploma for pick-up.

Would you like a complimentary diploma cover? yes  no

**The cost is \$35.00 per diploma.**

Payment Options (circle one) VISA MasterCard Discover Check Money Order

Card Holder's Name \_\_\_\_\_

Card/Check# \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Charge/Check Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Mail or fax the completed form to the Registrar's Office to the address or number at the top of this form.