REGISTRAR'S OFFICE

REQUEST FOR DIPLOMA RE-PRINT

Student Name on University Records:

First: _____ Middle: _____ Last: _____

E-mail: _____ Phone Number:_____

Student's ID Number _____

Graduation Date: _____

Degree Awarded: _____ Major: _____

Address to Send Re-print to: _____

(or pick-up contact and _____

instructions) _____

Signature: _____

Payment Information

Effective September 1, 2015 a **$40.00** re-print charge is required for each diploma re-print. Please do not send cash. A credit card or money-order made payable to **Jarvis Christian College** must accompany your re-print request. Submission of payment is non-refundable. Please be sure that all financial obligations with the college have been settled, as a hold will prevent the release of a diploma.

For Office Use Only:

Processed by: _____ Date Ordered: _____

Date Mailed: _____ Certified mail #: _____

Jarvis Christian College
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P.O. Box 1470
Hawkins, TX 75765
(903) 730-4890 Phone
903) 769-1282 FAX