



# Replacement Diploma Order Form

## Please Print Clearly

1. Print full legal name. This is how your name will appear on diploma.

\_\_\_\_\_

(First Name) (Middle Name or Initial, if Desired) (Last Name)

2. Program: \_\_\_\_\_ Class: \_\_\_\_\_

3. Address where you want diploma sent:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Contact Information:

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Form of Payment

Please indicate your form of payment for the \$50 replacement fee and enclose with this form, if applicable.

**Credit Card** (circle one): Visa    MasterCard    Amount to be charged: \$\_\_\_\_\_    Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_    Expiration date: \_\_\_\_\_    Verification Code (3 digits): \_\_\_\_\_

**Cash:** \$\_\_\_\_\_

**Check:** \$\_\_\_\_\_    Check number: \_\_\_\_\_