



Diploma Reprint Order Form

This form is to be utilized to order a diploma reprint.

Name under which degree was awarded*: _____

*If requesting the diploma be printed with a different name, legal documentation must be provided.

Name requested on diploma (if different from above): _____

Last Four of SSN: _____ Month and Day of Birth: _____

Degree Awarded: _____

Major: _____

Date of Graduation: _____

Designate honors received (if applicable): Cum Laude Magna Cum Laude Summa Cum Laude

Mail diploma to: _____

Student's Signature: _____

Contact Number: _____ Date: _____

Number of copies requested: _____

There is a \$10 reprint fee **per copy** which may be mailed to our office or paid over the phone with the Business Office at 254-968-9607. Please allow 10 business days for processing.

Office of the Registrar / Box T-0620 / Stephenville, TX 76402

254.968.9121 / Fax 254.968.9389 / registrar@tarleton.edu

Rev 08/17