



Diploma Reprint Order Form

Number of copies requested: _____

Name under which degree was awarded: _____

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

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

Student ID: _____ Last four of SSN: _____ Month and day of birth: _____

Degree: _____

Major: _____

Graduation date: _____

Honors designation (if applicable): Cum Laude Magna Cum Laude Summa Cum Laude

Diploma mailing address: _____

Student's signature: _____

Phone number: _____ Date: _____

Please send completed form to the Office of the Registrar by mail, fax, or email to graduation@tarleton.edu. Diploma reprints are \$10 per copy. Payment may be mailed or paid over the phone with the Office of Business Services at (254) 968-9107. Please allow 10 business days for processing.

Office of the Registrar / Box T-0620 / Stephenville, TX 76402
(254) 968-9121 / Fax (254) 968-9389 / graduation@tarleton.edu