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Diploma/Certificate Reorder Form

NAME:	·			_ <i>DOB</i> :		_TSC ID:	
(Please print)				_			
ADDRESS:	(Street)		PHONE <i>Home</i> : () -				
	(City)	(State)	(Zip Code)	_	Work	: ()	
	•	(State)		_	Cell	: (<u> </u>	
E-MAIL: OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS:							
							NOTE: TSC
Degree/Certificate Awarded:				Major Field:			
My name sh	ould appear on my dip	loma as:					
Date degree/	/certificate awarded (p	lease check one):	☐ Fall ☐ Spring ☐ Summer	Year: Year: Year:		NOTE: The fee (\$25.00) must be paid at the Cashiers in Tandy Hall.	
INDICATE	DISTRIBUTION						
☐ Please ma	ail diploma/certificate to					Requests are typically processed once per term.	
☐ Please ca	ıll when the diploma/cert					ee.	
STUDENT	SIGNATURE:				DATE:	:	
ACCOUNT	ING AND FINANCI	E OFFICE USE	ONLY:				
	ber:			Cashier In	itials:		
OFFICE OI	F ADMISSIONS US	E ONLY (image	d into student's fi	ile when proce	essed):		
Comments: Received					ed By:		
(1	Explain Any Exceptions)		D		ter Staff Signature)		
Degree: I	ASU						
				ocessed:			