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## **Diploma/Certificate Reorder Form**

ADDRESS:       PHONE Home:	NAME: (Please print)			1	DOB:		TSC ID:	
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(Tey)       (Tey Cube)       Cell:         E-MAIL:		· · · ·				Work:		
OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS:         NOTE: TSC Official records will not be updated with the contact information listed above.         Degree/Certificate Awarded:		(City)	(State)					
NOTE: TSC Official records will not be updated with the contact information listed above.         Degree/Certificate Awarded:	E-MAIL:							
Degree/Certificate Awarded:	OTHER NAMES WHICH MAY APPEAR ON ACADEMIC RECORDS:							
My name should appear on my diploma as:	NOTE: TSC	Official records will not be u	pdated with the	e contact info	rmation listed	above.		
Date degree/certificate awarded (please check one):       Fall       Year:        NOTE:       The fee (\$25.00) must be paid at the Cashiers in Summer Year:         INDICATE DISTRIBUTION       Summer Year:        Requests are typically processed once per term.         Please mail diploma/certificate to:	Degree/Certi	ficate Awarded:			Majo	r Field:		
Spring       Year:	My name sho	ould appear on my diploma	1 as:					
Summer Year:       Tandy Hall.         INDICATE DISTRIBUTION       Requests are typically processed once per term.         Please mail diploma/certificate to:       modelse once per term.         Please call when the diploma/certificate is ready for pick up in Admissions and Records Office.       DATE:         STUDENT SIGNATURE:       DATE:         ACCOUNTING AND FINANCE OFFICE USE ONLY:       Cashier Initials:	Date degree/	certificate awarded (please	check one):	Fall	Year:	]	NOTE: The fee (\$25.00) must	
INDICATE DISTRIBUTION         Please mail diploma/certificate to:							be paid at the Cashiers in	
Please mail diploma/certificate to:				Summer	Year:		Tandy Hall.	
Please call when the diploma/certificate is ready for pick up in Admissions and Records Office.         STUDENT SIGNATURE:       DATE:         ACCOUNTING AND FINANCE OFFICE USE ONLY:         Receipt Number:       Cashier Initials:	INDICATE	DISTRIBUTION						
Please call when the diploma/certificate is ready for pick up in Admissions and Records Office.   STUDENT SIGNATURE:     DATE:     ACCOUNTING AND FINANCE OFFICE USE ONLY:   Receipt Number:     Cashier Initials:	Please mail diploma/certificate to:							
Please call when the diploma/certificate is ready for pick up in Admissions and Records Office.  STUDENT SIGNATURE: DATE: ACCOUNTING AND FINANCE OFFICE USE ONLY: Receipt Number: Cashier Initials:							processed once per term.	
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Received by: Date :	Received by:				Date :			