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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	
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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						
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