

DIPLOMA ORDER FORM
(For re-order and/or replacement diplomas)

Name at time of Graduation: _____ Student ID: _____
 Street Address: _____ City/State/Zip: _____
 Phone#: _____ Email: _____
 Number of Copies: _____ Program: _____ Graduation Year: _____

LIST YOUR NAME AS YOU WOULD LIKE IT TO APPEAR ON YOUR DIPLOMA. PLEASE PRINT.

First Name	Middle Name or Initial	Last Name	Suffix (Jr., Sr., III, Etc.)
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Please check one:
 I will pick up my diploma at the CVM Building.

Please mail my diploma to the address listed above.

Mail completed form with payment to : LMU-CVM
 6965 Cumberland Gap Parkway
 Harrogate, TN 37752
or
Fax completed form to: 423.869.7436
Diplomas are \$20 each.

For payment provide:
 Credit Card #: _____ Expiration Date: _____ Security Code: _____
 Questions: Call 423.869.7436
Please allow 6-8 weeks for processing.

The former student who is requesting the duplicate must sign the form. Only completed and signed requests forms are accepted and processed. A request form submitted due to a name change must be submitted with the original diploma issued to the student and a copy of one of the following documents listing the changed name: valid driver's license, birth certificate, social security card, or legal judgment or order.¹

I hereby certify that my original diploma is lost or damaged or that this request is due to a name change. I further certify that the information contained on this form and accompanying documents are true and correct to the best of my knowledge.

Signature of Student Making Request: _____ Date: _____

FOR OFFICE USE ONLY

Please indicate the Date:

Form Received:	Name Change Verified:	Original Diploma Rec.:
Payment Received:	Payment Amount:	Diploma Ordered:
Student Contacted:	Diploma mailed/picked up:	

¹ Marriage Licenses and Certificates will not be accepted as proof of name change.