



DIPLOMA REQUEST FORM

Name, as it appears on your record: _____

Other names that may appear on your records: _____

Birth Date: _____ E-mail: _____

Diploma Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Graduation (MM/YYYY): _____

Type of Degree (check one): BS BA MS Major: _____

Second Major (if applicable): _____ Minor: _____

Print name as you wish to appear on diploma. If different than above then two forms of ID (state ID/DL, passport, social security card) are required to change your name on your student record and diploma.

Student's signature: _____ Date: _____

Contact the Cashier's Office at 707-654-1031 for payment options. Please allow 6-8 weeks for delivery of diploma.

OFFICE USE ONLY:

Date received: _____ Date ordered: _____

Fee Paid: _____ Processed by: _____