



*Western*  
*University*  
OF HEALTH SCIENCES

*The discipline of learning. The art of caring.*

**Mail Completed Form with Payment To:** **or Fax Request To:**  
Office of the Registrar  
Western University of Health Sciences  
309 E. Second Street  
Pomona, CA 91766-1854  
**Payment Methods:**  
cash, check or money order  
payable to Western University

**or Fax Request To:**  
Fax: (909) 469-5425  
(submit payment by mail)  
**Questions?**  
Phone: (909) 469-5491  
registrar@westernu.edu  
[www.westernu.edu](http://www.westernu.edu)

## DIPLOMA ORDER REQUEST FORM

- Complete (please print or type) and sign form below
- Please allow up to 6 weeks for processing

Name as it appears on original diploma (please print): \_\_\_\_\_

Banner ID (or SSN): \_\_\_\_\_ Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address 1*

\_\_\_\_\_  
*Street Address 2*

\_\_\_\_\_  
*City/State/Zip*

(Qty)

X \_\_\_\_\_ **Diploma Order - \$60.00 each**

I am ordering a diploma for the below purpose:

- Duplicate
- Replacement
- Change of Name\* as listed below;

\_\_\_\_\_  
*First Name*

\_\_\_\_\_  
*Middle Name or Initial*

\_\_\_\_\_  
*Last Name*

**\*Please Note:** If you are ordering a diploma due to a change of name, you must submit a copy of the legal documentation that supports your name change with this form. Legal documentation can include the following; naturalization certificate, marriage license, divorce decree, driver's license, social security card etc.

### Special Instructions:

- I will pick up my request in the Student Affairs/Registrar's Office;
  - \_\_\_ Please notify me by phone, listed above, when my diploma is ready.
  - \_\_\_ Please notify me by the following email address \_\_\_\_\_ when my diploma is ready.
- Please mail my diploma to my address, listed above, by certified mail (**not deliverable to PO Box address**)

**With my signature I hereby authorize the Registrar's Office to order a duplicate/replacement diploma:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Initials: \_\_\_\_\_

Amount Received: \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Amount Owed: \_\_\_\_\_

