



**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 Fax: (909) 469-5425
 Western University of Health Sciences (submit payment by mail)
 309 E. Second Street Questions?
 Pomona, CA 91766-1854 Phone: (909) 469-5491
 Payment Methods: registrar@westernu.edu
 cash, check or money order www.westernu.edu
 payable to Western University

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: _____