

# Duplicate Diploma / Certificate Request Form



Name: \_\_\_\_\_  
(Please print as it should appear on diploma / certificate)

Name: (if different when enrolled) \_\_\_\_\_

S.S.# (last four numbers): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Email / Fax: \_\_\_\_\_

Honors Conferred: \_\_\_\_\_ Cum Laude \_\_\_\_\_ Magna Cum Laude \_\_\_\_\_ Summa Cum Laude

**Certificates:** (\$10.00 each)  
Spinographic Roentgenology \_\_\_\_\_  
Health Center Intern \_\_\_\_\_  
Extern \_\_\_\_\_  
Senior Intern \_\_\_\_\_  
Senior Research \_\_\_\_\_  
Academic Achievement \_\_\_\_\_  
Service Distinction \_\_\_\_\_

**Certificates:** (\$15.00 each)  
B.J. Palmer Philosophy \_\_\_\_\_  
Garfunkel \_\_\_\_\_  
Clinical Excellence \_\_\_\_\_

**Diploma:** (\$65.00 each) \_\_\_\_\_

**TOTAL Amount:** \$ \_\_\_\_\_

**Payment Type:**

Check/Money Order      Credit Card Number: \_\_\_\_\_  
 Visa      3-digit card code (back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Master Card      Signature: \_\_\_\_\_

*Please make checks payable to Sherman College. Diploma /Certificates orders must be pre-paid.  
Please allow 6-8 weeks for processing.*