

Duplicate Diploma Order Form

Please print

NAME _____

Please print your name the way it should appear on the duplicate diploma.

Name on Grand View records *if different from above:* _____

Birth date: _____ **Social Security Number:** _____

Date Degree was Awarded *(if known):* _____

Type of Degree: _____ Associate in Arts (AA) *(size: 6"x8")*
_____ Bachelor of Arts (BA) *(size: 7"x9")*
_____ Bachelor of Science in Nursing (BSN) *(size: 7"x9")*

Address where diploma should be sent: _____

Daytime telephone: (____) _____

Signature: _____ **Date:** _____

Please calculate your payment using the following chart:

Diploma \$15.00 each \$ _____

Case \$10.00 each \$ _____

If date of graduation is not within past 12 months, \$ _____
add \$25.00 printing set-up charge. *(Please note:*

diplomas will say Grand View University)

TOTAL \$ _____

Payment method: _____ check
_____ credit card

card #: _____ - _____ - _____ - _____

expiration date: _____

3 or 4 digit security number *(on signature line on back of card):* _____

Please return this form with appropriate payment to:

Office of the Registrar
Grand View University
1200 Grandview Avenue
Des Moines, IA 50316

For Office Use Only

Date order received _____

Date diploma ordered _____

Date diploma mailed _____