

FLORIDA **A&M** UNIVERSITY

REGISTRAR'S OFFICE

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DIPLOMA RE-ORDER FORM

Please type or fill in the requested information and return this form with a \$10.00 cashiers check or money order payable to Florida A&M University: **(PLEASE DO NOT SEND CASH OR PERSONAL CHECKS)**

Effective post marked request – August 1, 2009

PLEASE TYPE OR CLEARLY PRINT THE FOLLOWING INFORMATION

NAME FOR DIPLOMA:

Must be same as listed on original application for graduation.

NAME ON FILE:

Complete only if different from above.

EMAIL ADDRESS:

ADDRESS:

This is where the diploma will be mailed

Street Address

Apt. #

City

State

Zip Code

Phone: () _____ - _____

Work Phone: () _____ - _____

TERM & YEAR GRADUATED:

GRADUATION DATE:

SOCIAL SECURITY #/FAMU ID #

TYPE OF DEGREE EARNED:

COLLEGE/SCHOOL:

MAJOR:

AMOUNT ENCLOSED:

Signature

Date

DO NOT WRITE BELOW THIS LINE.

FOR OFFICE USE ONLY

GRADUATION VERIFIED BY: _____

DATE RECEIVED IN OFFICE: _____

TYPE OF DOUCUMENT REC'D _____

RECEIVED BY: _____