

## **Clarendon College Diploma Reprint Request Form**

P.O. Box 968 Clarendon, Texas 79226 Phone: (806) 874-3571 Fax: (806) 874-3201

## Diploma Reprints

The diploma replacement fee is \$40.00. Please make checks payable to <u>Clarendon College</u>, or provide your credit card information below.

Although the original date of graduation will be shown, the graduate must agree to accept the current diploma format concerning facsimile signatures; i.e., president, dean, etc.

Social Security #:		Date of Request:	
Name as it appears on the dipl	oma:		
Type of degree:		Major:	
Graduation term:		Signature:	
MAILING ADDRESS FOR	DIPLOMA:		
Name:			
Mailing Address:			
City:	State:	Zip Code:	
Home telephone:	Work t	telephone:	
Please send your payment a	nd complete form	n to:	
	Cl	Clarendon College Registrar's Office P.O. Box 968 larendon, TX 79226 806/874-1484 fax	
Credit Card number:		Expiration date:	
Circle one: Discover M	lasterCard Vi	sa American Express	