

AFFIDAVIT OF GRADUATION DUPLICATE DIPLOMA

CURRENT INFORMATION (PLEASE PRINT)

(First Name) (MI) (Last Name)

(Street Address) (City) (State) (ZIP)

Birth Date: ____/____/____ Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

INFORMATION AT TIME OF GRADUATION (PLEASE PRINT)

(First Name) (Middle Name) (Last Name)

(Month and Year of Graduation) (Name of School)

DELIVERY OF AFFIDAVIT OF GRADUATION / DUPLICATE DIPLOMA (Check only one)

Pick Up at 3215 Cuming Street, 3rd Floor (Room 3-139)

Mail To: Name: _____

Address: _____

City: _____ State: _____ ZIP _____

APPLICANT'S SIGNATURE

This form must be signed by the applicant prior to processing a request for Affidavit of Graduation and duplicate diploma. The search fee is not refundable. The Affidavit and duplicate diploma will be held for 60 days from application and then discarded.

Applicant's Signature: _____ Date: ____/____/____

Other than you, who is authorized to pick up Affidavit/duplicate diploma? _____

(Please Print)

Signature of person picking up Affidavit/duplicate diploma: _____

Photo ID for Applicant: _____

Second Party Photo ID: _____ Date: ____/____/____

FOR OFFICE USE ONLY

Receipt Number: _____ Issued On: ____/____/____ Amount: \$ _____ () check () cash

PIN: _____ Graduated: Yes No Graduation Date: ____/____/____ Outstanding Fines: Yes No

Verified by: _____ Date: ____/____/____