

**REQUEST FOR OFFICIAL
DIPLOMA COPY**

Questions regarding data collected may be directed to the Registrar. (HB 1922)

(PLEASE PRINT)

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Other Names Used While Enrolled at UNTHSC		

<u>Program</u>		<u>Number of Copies</u>
<input type="checkbox"/> GSBS	<input type="checkbox"/> TCOM-DO Class of _____	_____ Official
<input type="checkbox"/> SPH	<input type="checkbox"/> SHP-PA Class of _____	<i>Note: One-time \$15.00 fee. Please make checks out to UNTHSC.</i>
<input type="checkbox"/> SCP Class of _____	<input type="checkbox"/> SHP-PT Class of _____	

Address to mail official diploma copy:

I wish to pick up my diploma copy in person

I certify that I am the person whose name appears on the name line of this form, and do hereby authorize release of my academic records to the address listed above.

Signature

Please note: Requests may take a minimum of five days to complete.

For Office Use Only

paid _____ check # _____ (\$25 returned check fee) Date Request Completed _____

HDP Service Indicator Added _____