



# DIPLOMA REORDER REQUEST

**PLEASE PRINT YOUR NAME BELOW EXACTLY AS YOU WANT IT TO APEAR ON THE DIPLOMA**

\_\_\_\_\_

**Degree (check one)**     **B.A.**     **B.B.A.**     **B.S.**     **B.S.ED.**

**Graduation Date:** \_\_\_\_\_

**Name on Student Record:** \_\_\_\_\_

**Please list the name and address to which diploma should be mailed:**

\_\_\_\_\_  
\_\_\_\_\_

**Phone:**    **(day)** \_\_\_\_\_    **(evening)** \_\_\_\_\_

**Please provide the following information for verification purposes:**

**Birthdate:** \_\_\_\_\_    **Social Security Number:** \_\_\_\_\_

**Signature (required):** \_\_\_\_\_

**Return this form with the \$25.00 Reorder Fee to:**

Tina Hicks, Academic Affairs  
Athens State University  
300 S. Beaty Street  
Athens, AL 35611

**PLEASE NOTE:**

*If you graduated before August 1, 1998, you will receive an Athens State COLLEGE diploma*

**FOR RECORDS OR ACADEMIC AFFAIRS OFFICE USE ONLY**

**Degree Awarded:** \_\_\_\_\_    **Graduation Date:** \_\_\_\_\_

**GPA:** \_\_\_\_\_    **Honors:** \_\_\_\_\_    **Verified by:** \_\_\_\_\_    **Date:** \_\_\_\_\_

**Payment Received:** \_\_\_\_\_    **Date Order Sent to Jostens:** \_\_\_\_\_

**Date Diploma Received:** \_\_\_\_\_    **Date Mailed to Student:** \_\_\_\_\_