

DIPLOMA ORDER FORM

Please complete this form to request a replacement of your diploma.

Student's	s Name:		
	Please Pr	rint (spelling as to appear on diploma)	
Social Security #	Student ID#	Graduation Term/Year:	Degree:
E-MAIL ADDRESS:		TELEPHONE:	
Select from one of the following:		Address where diploma (if different from above):	is to be mailed
Standard Order: \$30 (3-4 weeks with regular b	USPS mailing)		
Rush Order: \$60 (FedEx (8-10 business days, excl			
	ed* at market value and destinatio Continental United States is subje		
Quantity:			
please complete ALL of the f	Collowing in the box below:	terCard, Visa or Discover credit cards. If pa	aying by credit card,
NAME:(as i	t appears on your credit card)		
		CITY, ST, ZIP:	
		EXPIRATION DATE:	
SECURITY CODE:	(The 3-digit code found or	n the back of your credit card at the end of t	the signature box).
Signature of student:		Da	ate:/
Send completed form to:	Vanguard University Office of the Registrar 55 Fair Drive	Fax: 714-668-6126	
	Costa Mesa, CA 92626	Email: Records.support@vanguard	l <u>.edu</u>
	For Of	ffice Use Only	
Degree: Major: _		Graduation Date:	Initials:
Date Order Placed:	Amount Paid:	Date Diploma mailed:	: