



## DIPLOMA ORDER REQUEST

Student ID or SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Previous Names: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My hand-written signature authorizes the Registrar's Office to release the information listed below.

**Note: we do not accept electronic font for your signature. Signatures must be hand-written.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Degree Information

Name to Appear on Diploma: \_\_\_\_\_  
Degree Received: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

### Select One:

Pickup  Mail to me at address above

**There is a \$30 fee due at the time of the request. We accept cash, check or credit card.**

### If paying by card:

Number \_\_\_\_\_  
Expiration Date: \_\_\_\_\_/\_\_\_\_\_ CVV: \_\_\_\_\_

Return your form using a method below. Please call after submitting to ensure your request was received.

**Registrar's Office**  
Alverno College  
PO Box 343922  
Milwaukee, WI 53234-3922

**Phone: 414-382-6370**  
**Fax: 414-382-6478**  
[registrar@alverno.edu](mailto:registrar@alverno.edu)

OFFICE USE ONLY
Holds Checked: _____
Amount Paid: _____
Date: _____
TRRQ: _____