

DIPLOMA COPY REQUEST

Rev. 6/2022 Visit masters.edu/registrar | Contact: Registrar@masters.edu | 661-362-2813 | Fax: 661-362-2722 (*secure*)



THE MASTER'S
UNIVERSITY

Name (Last, First, M.I.)	Former Name(s)
TMU ID # or last 4 of SSN	Attended (circle all that apply) TMU TMI LABC
Sign (<i>required by Public Law 93-579</i>):	Date
Current permanent address (not TMU campus): _____ _____ _____	Phone: _____ Email: _____

ORDER:

Note: no diploma will be issued to a student indebted to the university.

Requested Name on Diploma: _____

Quantity (\$25 each): _____

MAIL TO:

Processing: 3-5 business days.
Mailing: 2-3 business days.
USPS Type: Domestic Priority.
Guaranteed: No.

CREDIT CARD:

If this form is being submitted by email, please call-in credit card info for security purposes.

Credit card type (circle one): MC Visa AMEX

Credit Card # _____

Exp. Date: _____

Name on Card: _____

CVV2 code: _____

BILLING ADDRESS (if different):

