

THE MASTER'S UNIVERSITY COPY OF DIPLOMA REQUEST

Attended: TMU, TMI, LABC
(Circle all that apply)

TMU ID # or SSN (Last 4 #s)

Date of Request

Last

First

M.I.

Maiden Name

Student Signature (required by Public Law 93-579)

Current Permanent Address (not campus)

()

Phone

City

State

Zip

Email

MAIL TO

OFFICE USE ONLY:

Paid: _____

Sent: _____

Denied: _____

CREDIT CARD

(if e-mailed, please call in credit card info for security purposes)

Credit Card type	Circle one: MC Visa AMEX
Credit Card #	_____
Expiration Date	_____
Name on Card	_____
CVV2 code	_____

Billing Address (if different):

Qty	Cost	Processing (Business Days)	Mailing (Business Days)	USPS Type	Guaranteed?
	\$10	3-5	2-3	Domestic Priority	No

Note: No diploma will be issued to a student indebted to the college.

Ph: 661-362-2813 | Fax: 661-362-2722 (secure) | **Email: REGISTRAR@masters.edu** (phone in credit card info)