Diploma Reprint Form for Concordia University Wisconsin Please print, complete, sign, and fax or mail to:

Registrar's Office FAX: 262.243.2610 Concordia University Wisconsin Phone: 262.243.4345 12800 North Lakeshore Drive Email: registrar@cuw.edu

Mequon, WI 53097-2402

Please provide the following inform	· · · · · · · · · · · · · · · · · · ·
	diploma):
Home phone:	
Email Address:	
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Signature: Student signature is requi	Date:
Student signature is requ	ired for reprinting of diploma
Requesting:	
•	ate number of diplomas requested)
* *	nested plus additional charges for shipping & handling)
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If paying by credit card pleas	se note 2.75% processing fee
Name on credit card (if differen	nt from student):
Credit card type: Master	rCard Visa Discover
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Credit card expiration date:	
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Please list the degree(s) that you wou	ld like printed & dates in which they were received:
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Other remarks	Check if you wish to receive a diplome sever
Outer remarks	Check if you wish to receive a diploma cover.
	An additional \$20 fee will be charged to your
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