



Duplicate Diploma / Certificate Request Form

Name: _____
(Please print as it should appear on diploma /certificate)

Name if different when enrolled: _____
(Include documentation of name change, example: copy of your current driver's license)

Date of Birth: _____ **Graduation Date:** _____

Address: _____
Street City State Zip

Phone: _____ **Email:** _____

Honors Conferred: _____ Cum Laude _____ Magna Cum Laude _____ Summa Cum Laude

Certificates (\$10.00 each):

Health Center Intern _____
Academic Achievement _____
Service Distinction _____

Certificates (\$15.00 each):

B.J. Palmer Philosophy _____
Garfunkel _____
Clinical Excellence _____

Diploma \$65.00 print: _____
\$15.00 digital: _____

***Apostille: (\$10.00/document):** _____

*Country where document will be sent to for Apostille (if applicable) _____

*Number of DOCUMENTS (not per page) for Apostille seal (if applicable): _____

Special instructions (different mailing address, etc): _____

Payment Type:

Total: \$ _____

___ Check/Money Order

___ Credit Card Number: _____

3-digit card code (back of card): _____ Expiration Date: _____

Signature: _____

Please make checks payable to Sherman College. Diploma /Certificates orders must be pre-paid. Allow 6-8 weeks for processing.