

The cost of the diploma and a processing fee of \$31.50 must accompany this request.

PLEASE NOTE: A diploma re-order request will NOT be processed without this completed form or if there is a departmental hold or an unpaid balance owed to the college. Unprocessed requests and any associated fees received will be destroyed and you must resubmit your request after all HOLDS and financial obligations are satisfied.

Name as to how you would like it to appear on Diploma: Address of where to mail diploma: E-mail: Phone: Month/Year of Graduation: Once form is completed, please fax, mail or scan and e-mail to: Fax: 276-326-4356 Mail: Bluefield University, Attn: Registrar Office, 3000 College Avenue, Bluefield, VA 24605 E-mail: BURegistrar@bluefield.edu Credit Card Information PLEASE PRINT CLEARLY (Payment required for all diploma reorders) Students Full Name: Date of Birth: Name on Card: Amount \$ Exp Date:/ Address: State: Zip: Card Number: Security Code: Type of Card: Phone number to text receipt to: Zip Code: Signature: Bluefield University destroys all credit card information immediately upon processing.	1,(Please Print Name)	nereby request a diploma	reorder.
E-mail: Phone: Month/Year of Graduation: Once form is completed, please fax, mail or scan and e-mail to: Fax: 276-326-4356 Mail: Bluefield University, Attn: Registrar Office, 3000 College Avenue, Bluefield, VA 24605 E-mail: BURegistrar@bluefield.edu Credit Card Information PLEASE PRINT CLEARLY (Payment required for all diploma reorders) Students Full Name: Date of Birth:	Name as to how you would like it to app	ear on Diploma:	
Month/Year of Graduation: Once form is completed, please fax, mail or scan and e-mail to: Fax: 276-326-4356 Mail: Bluefield University, Attn: Registrar Office, 3000 College Avenue, Bluefield, VA 24605 E-mail: BURegistrar@bluefield.edu Credit Card Information PLEASE PRINT CLEARLY (Payment required for all diploma reorders) Students Full Name: Name on Card: Name on Card: Name on Card: Students Full Name: Name on Card:	Address of where to mail diploma:		
Once form is completed, please fax, mail or scan and e-mail to: Fax: 276-326-4356 Mail: Bluefield University, Attn: Registrar Office, 3000 College Avenue, Bluefield, VA 24605 E-mail: BURegistrar@bluefield.edu Credit Card Information PLEASE PRINT CLEARLY (Payment required for all diploma reorders) Students Full Name: Date of Birth: Name on Card: Amount \$ Exp Date:/ Address: City: State: Zip:	E-mail:	Phone:	
Fax: 276-326-4356 Mail: Bluefield University, Attn: Registrar Office, 3000 College Avenue, Bluefield, VA 24605 E-mail: BURegistrar@bluefield.edu Credit Card Information PLEASE PRINT CLEARLY (Payment required for all diploma reorders) Students Full Name:	Month/Year of Graduation:		
City: State: Zip: Security Code: Zip Code: Zip Code: Signature:	Fax: 276-326-4356		
Address: State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip Code: Zip Zip Zip Code: Zip			nue, Bluefield, VA 24605
Address: State: Zip: Zip: Zip: Zip: Zip: Zip: Zip: Zip Code: Zip Zip Zip Code: Zip	E-mail: <u>BURegistrar@bluefield.c</u> Credit Card In	edu formation PLEASE PRINT CLEAR	
City: State: Zip: Card Number: Security Code: Type of Card: Phone number to text receipt to: Zip Code: Zip Code: Signature:	E-mail: <u>BURegistrar@bluefield.e</u> Credit Card In (Payment r	edu nformation PLEASE PRINT CLEAR required for all diploma reorders)	LY
Phone number to text receipt to: Zip Code: Signature:	E-mail: BURegistrar@bluefield.c Credit Card In (Payment r Students Full Name:	aformation PLEASE PRINT CLEAR required for all diploma reorders) Dat Amount \$	LY te of Birth: Exp Date:/
Signature:	E-mail: BURegistrar@bluefield.e Credit Card In (Payment r Students Full Name: Name on Card: Address: City:	edu Iformation PLEASE PRINT CLEAR required for all diploma reorders) Dat Amount \$ State:	LY te of Birth: Exp Date:/ Zip:
Rluefield University destroys all credit card information immediately upon processing	E-mail: BURegistrar@bluefield.e Credit Card In (Payment r Students Full Name: Name on Card: Address: City: Card Number:	required for all diploma reorders) Amount \$ State: Security Code: Type o	te of Birth:Exp Date:/ Zip: f Card:
bluched chiversity destroys an electic cara miormation miniculately apon processing.	E-mail: BURegistrar@bluefield.e Credit Card In (Payment r Students Full Name: Name on Card: Address: City: Card Number: Phone number to text receipt to:	required for all diploma reorders) Amount \$ State: Security Code: Type o	te of Birth:Exp Date:/ Zip: f Card:
	E-mail: BURegistrar@bluefield.e Credit Card In (Payment r Students Full Name: Name on Card: Address: City: Card Number: Phone number to text receipt to: Signature:	required for all diploma reorders) Dat Amount \$ State: Security Code: Type o	te of Birth: Exp Date:/ Zip: G Card: ip Code:
	E-mail: BURegistrar@bluefield.e Credit Card In (Payment r Students Full Name: Name on Card: Address: City: Card Number: Phone number to text receipt to: Signature:	required for all diploma reorders) Dat Amount \$ State: Security Code: Type o	te of Birth: Exp Date:/ Zip: G Card: ip Code:
	E-mail: BURegistrar@bluefield.e Credit Card In (Payment r Students Full Name: Name on Card: Address: City: Card Number: Phone number to text receipt to: Signature:	required for all diploma reorders) Dat Amount \$ State: Security Code: Type o	te of Birth: Exp Date:/ Zip: G Card: ip Code: