

  
**BLUEFIELD UNIVERSITY**  
**Diploma Re-order**

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.**

I, \_\_\_\_\_ hereby request a diploma reorder.  
*(Please Print Name)*

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](mailto: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: \_\_\_\_\_

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.**