

## **Duplicate Diploma Order Form**

Student ID Number (700 or	SSN) Date of	f Birth://
Last Name	First Name	Middle Name
Other Names:		
= =	5 payable by check, money order or credit card. ou must have cleared all financial obligations wi	
Name as it should appear	on the diploma:	
Major:		
Degree Type: Certificate	e Associate Bachelor Master	
Graduation Date:/		
<b>Student Contact Informat</b>	ion and Authorization	
Phone: ()	Email:	
Student Signature (Requir	red by Federal Law):	
	Signature	Date
I will pay by: ☐ Credit Card by phone	Check/Money Order payable to WVU Tech	by mail
Registrar Office Phone: 304-92 Fax: 304-929-1696 Scan and email: Tech-Registrar- Mail: WVUIT Office of the Registrar 410 Neville Street Beckley, WV 25801	1 3	
Address to mail duplicate di	ploma:	