



## REGISTRAR'S OFFICE

1717 S. Chestnut Ave. Fresno,CA93702-4709 559-453-2037 FAX 559-453-3676 www.fresno.edu registrar@fresno.edu

○ Visa

 $\bigcirc \ \mathsf{MasterCard}$ 

O Discover Card

Credit Card Number

Dipioma K	eprint	: Keques	C							
1. Student Info	ormation	1								
First Name		Middle Name			Last Name				Maiden/Former Name	
SSN or Student ID #		Birth Date	Birth Date Cell Phone		Ema		mail Address			
Note: The name p a copy of your <u>dri</u> v					ficial reco	ords. If y	you are	requesting	a different name, please provic	
Change requ	<b>ested:</b> Plea	se change my	official contact	information	n to refle	ct all inf	ormati	on given ab	oove.	
2. Name to Ap	pear on l	Diploma:								
	_									
3. Degree Info	rmation									
Level of Completion (i.e. B.S. / M.A.)					Year and Month of Graduation					
Title of Program (i.e. En	glish, Intercult	rural Studies)								
Reissued diploma reissue statement				bear the sig	gnatures	of the c	urrent	university o	fficers, NO EXCEPTIONS. A	
4. Request De	tails									
\$40.00 per copy	#	copies requ	ested							
5. Delivery Method			○ Standard USPS					om the Rec	gistrar' Office.	
Name				Address						
City			State/Province		Zi	Zip			Country	
					'					
6. Signature										
									Office Use Only	
								ID#		
7. Payment Information					A			Amount bille		
# of diploma(s):			Total:					Payment received		

**Expiration Date** 

6.12.2019

Credit Card Signature