

## **Diploma Reorder Form**

Office of the Registrar Phone: (580) 349-1376 Fax: (580) 349-1371

Please fill out this form and send a check for \$20 to: OPSU Office of the Registrar, P.O. Box 430, Goodwell, OK, 73939. Please make checks out to Oklahoma Panhandle State University and in the memo Attn: Registrar. You can either send the form by email or fax. If you fax or email the form, your request will not be processed until payment is received.

weeks to print the	diploma after receiving the fo	orm and payment.
Student ID #:	Date:	
	CTLY AS YOU WISH IT TO APPI your diploma must match what we	
NAME:		
	(Middle Name)	(Last Name)
PLEASE PROVIDE A PEI	RMANENT ADDRESS FOR M	AILING THE DIPLOMA:
Name:		
Address:		
City/State/Zip:	Phone:	
Email:		
What year did you graduate? _		
What was your major?		
Please sign below:		
(Name)		(Date)

Please list any other names used: \_\_\_