

# DIPLOMA REPRINT REQUEST

Office of the Registrar  
Birmingham Theological Seminary  
2200 Briarwood Way  
Birmingham, AL 35243  
Fax 205-824-8407

Student ID: \_\_\_\_\_

Print your complete name: \_\_\_\_\_

Other names attended under: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Degree Received: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Number of copies: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Diplomas are reprinted only at the written request of the recipient. Payment must accompany request.**

Check one:  Diploma only (\$30.00)  
 Diploma and cover (\$60.00)

Form of payment: Check \_\_\_\_\_ Money Order \_\_\_\_\_ Cash Receipt \_\_\_\_\_

All credit card information is required for processing:

Visa  MasterCard  Discover

Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_

---

## For Office Use Only

Amount Received: \_\_\_\_\_ Date Received: \_\_\_\_\_ Processed By: \_\_\_\_\_ Date Sent: \_\_\_\_\_