

DIPLOMA REORDER FORM

DIPLOMA REORDER INFORMATION

NAME (as it should appear on the diploma): _____

SSN/Student ID: _____

EMAIL AND/OR PHONE: _____

TYPE OF DEGREE RECEIVED: _____

GRADUATION SEMESTER AND YEAR: _____

MAIL TO: _____

SIGNATURE (required): _____

PAYMENT INFORMATION

The fee to reorder diplomas is \$15.00.

Please fax credit card payments to 914-251-6373 or upload to [Secure Document Upload](#)

Do not email credit card information.

CHECK ENCLOSED (made out to "Purchase College")

CREDIT CARD INFORMATION

NAME ON CARD: _____

BILLING ADDRESS: _____

MASTERCARD VISA DISCOVER AMERICAN EXPRESS

CREDIT CARD NUMBER: _____

EXPIRATION DATE (mm/yyyy): _____/_____/_____ CVV: _____

SIGNATURE OF CARD HOLDER: _____