



Lincoln Memorial University
Harrogate, TN 37752

DIPLOMA ORDER FORM

(For re-order and/or replacement diplomas)

Name: _____ Student ID _____

Address: _____ Phone: (____) _____

Program: _____

Number of Copies: _____ Graduation Date: _____

List your name how you would like it to appear on your diploma. Please print.

First Name	Middle Name or Initial	Last Name	Suffix (Jr., Sr., III, Etc.)
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Signature: _____ Date: _____

With my signature I authorize LMU to order a diploma.

Please check one:

I will pick up my diploma in the Registrar's Office.

Please mail my diploma to the address listed above.

Diplomas are \$35.00 each.

<p>Mail completed form with payment to: LMU Registrar's Office 6965 Cumberland Gap Pkwy Harrogate, TN 37752</p> <p>OR Fax completed form to: 423-869-6387 For payment provide: Credit Card #: _____ Expiration Date: _____</p>	<p>Questions? Call: 423-869-6313 www.lmunet.edu</p> <p>Please allow 6-8 weeks for processing. Security Code: _____</p>
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For Office Use Only:

Date form received: _____	Date ordered: _____	Date contacted student: _____
Amount received: _____	Date received: _____	Date mailed/picked up: _____