



# Certificate of Completion

## STUDENT INFORMATION

Please note that Certificate of Completion requests can take up to three weeks to process.

Last Name:		First Name:	
Student ID:		Former Names:	
Date of Birth:    /    /		Email Address:	
Street Address			
City:	State:	Zip:	Phone:
Final Semester:		Degree and Major:	

## QUANTITY

# \_\_\_\_\_ Certificate/s of Completion

First five copies are free, \$10.00 for the sixth copy and \$2.00 for each additional copy on the same request.

## SELECT PAYMENT

Payment must be received prior to processing. Please note: if you have a financial hold, we may be unable to process your request.

- ☐ Pay cash/check/charge card in person
- ☐ Mail with check enclosed
- ☐ Mail with credit card number (Visa, Master Card, and Discover accepted)

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code\* \_\_\_\_\_ Amount to Charge \$ \_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_ Card Holder Signature \_\_\_\_\_

\* Please refer to the back of your credit card for your 3 or 4-digit security code.

## DELIVERY METHOD

- ☐ Fax to the following: \_\_\_\_\_
- ☐ Please mail to the following address/es: \_\_\_\_\_

Send \_\_\_\_\_ copies of my verifications to:

Send \_\_\_\_\_ copies of my verifications to:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## STUDENT SIGNATURE

Signature \_\_\_\_\_

Date \_\_\_\_\_