



Diploma Copy Request

Registrar's Office: ph. 303-357-5845, 6399 S. Santa Fe Dr. Littleton, CO. 80120, registrar@denverseminary.edu, fax: 303-783-3122

Today's Date: _____ Student ID: _____

First Name: _____ Middle: _____ Last: _____

Degree(s) Earned: _____

Date of Graduation: _____ Last Four Digits of SSN#: _____

Email: _____ Phone: (_____) _____

Processing Type

- _____ Process with the next degree conferral cycle (December, May, or August) = \$35.00
- _____ Immediate Processing = \$50.00 *(please note that diplomas are processed by a third party and it may take up to 3 weeks before the document if available for mailing or pick-up)*

Payment Method

- _____ Check (please make payable to Denver Seminary)
- _____ Cash
- _____ Credit Card: _____ VISA _____ MasterCard _____ AMEX _____ Discover

Card #: _____ Exp: _____ Amt: \$ _____

Name as it Should Appear on the Diploma*:

*(*please note that the name listed below must match your name at the time you were enrolled at Denver Seminary. If it does not, you will need to submit a Personal Information Change form to Advising@denverseminary.edu)*

Please Send the Diploma to:

Street Address

City State Zip Code

Authorization of Request

By signing below, I hereby request that Denver Seminary issue a copy of my diploma and release it to the above-named individual and address:

Signature (Required): _____ Date: _____

For Office	Date Received: _____	Date Processed: _____	Student Notified: _____
Use Only	Processed by: _____	Order Placed: _____	Paid: _____