

REQUEST FOR OFFICIAL DIPLOMA COPY

University of North Texas Health Science Center
Office of the Registrar, EAD 247
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Fort Worth, TX 76107-2699

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(PLEASE PRINT)

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Other Names Used While Enrolled at UNTHSC		

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<input type="checkbox"/> GSBS	<input type="checkbox"/> TCOM-DO Class of _____	_____ Official (\$15.00)
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Address to mail official diploma copy:

I wish to pick up my diploma copy in person

I certify that I am the person whose name appears on the name line of this form, and do hereby authorize release of my academic records to the address listed above.

Signature

For Office Use Only

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