



**DIPLOMA REQUEST FORM**

FULL NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

INSTITUTION TO BE PRINTED ON THE DIPLOMA:

\_\_\_\_\_

GRADUATION DATE: \_\_\_\_\_

DEGREE: \_\_\_\_\_

YOUR CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*THE COST OF THE DIPLOMA FACSIMILE IS \$35.00.  
Please make check payable to Point Loma Nazarene University  
Mail form and check to: PLNU/ Alumni Office  
3900 Lomaland Drive, San Diego, CA 92106  
Fax number: 619-849-2527*

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**For Office Use Only**

RECORDS OFFICE VERIFICATION

Graduation date: (Month, day, year) \_\_\_\_\_

Degree: \_\_\_\_\_

◇ cum laude    ◇ magna cum laude    ◇ suma cum laude

Verified by: \_\_\_\_\_