



Registrar  
900 S.E. Baker Street  
McMinnville, OR 97128  
t 503.883.2211 f 503.883.2663

Student Identification

Name(s) used while attending Attendance Dates Date of Birth

Please give any other information that will help us locate your records.

Current Information

Full Name

Phone e-mail

Mailing address

I would like to have a diploma cover.  Yes  No

If you graduated from Linfield College, do you want a  Linfield College or  Linfield University diploma?

Please clearly write the name you want printed on the diploma

Student's Signature (REQUIRED) Date

DIPLOMA REPRINT REQUEST:

\$50.00 Reprint Fee

Note: Diploma will be printed with the next batch printing.

This request is subject to review and audit and will be issued at the discretion of the Registrar.

Office Use Only

**Student Account**

SA: Approval:

**Registrar's Office**

Student ID:

CAS  SOB  NUR

**Registrar's Office**

Degree  BA  BS  BSN  OTHER

Honors:  Summa  Magna  Cum  No Honors

Graduation Date:

Date Sent: Clerk(s):

**I authorize payment to Linfield University for the Diploma Reprint requested on my:**

VISA  MASTERCARD  CASH  CHECK NO. \_\_\_\_\_

Card Member Name: Credit Card Number:

This Order's Amount Total: Expiration Date: Security Code:

Card Holder's Signature