

Diploma Reorder Form

Last Name	First Name	Student J# c	or SS#
Cell Phone #	Email		
Check the degree that you completed	Date Degre	e Was Earned	
EdD EdS DrPH PHO	i MA MAT M	BA MS BA	BS BBA BSW
Major	Concentrati	on/Option	
Tajor Concentration/Option			
Print your name exactly (including capi	talization) how you would lik	te it to be displayed on you	ır Diploma
Name			
First name	Middle	Middle Last name	
If the name to be printed on the Diple change), please provide us with your certificate, driver's license, etc) with	previous name and include	=	
Previous name at time of graduation		ddle Last	name
Please check how you would like to rec	eive your Diploma:	Mail	Pick-up
If you selected pick-up, we will hold you it. If you selected mail, please provide u	•	•	ntil you can come and claim
Street	City/Town	State	Zip
The cost is \$60.00 per diploma and the Please include your check or money of Jackson State University, Registrar's Office/ Degree Au P.O. Box 17125, Jackson, MS	order made payable to Jack ditor,		mail to:
Student Signature		Date	
Please return this form to the registrar's	office via the methods noted	below.	
Processed by:	Date		03/2021