



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

Name on diploma

Office Use Only
Student Account
SA: Approval:
Registrar's Office
Student ID: CAS SOB NUR
Degree BA BS BSN OTHER
Graduation Date:
Date Sent: Clerk(s):

I authorize payment to Linfield College 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