

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

Name(s) used while attending Attendance	Dates	Date of Birth
Please give any other information that will help us lo	ocate your records.	
<u>Current</u>	t Information	
Full Name		
Phone e-mail		
Mailing address		
I would like to have a diploma cover. ☐ Yes	□ No	
<u>-</u>		
If you graduated from Linfield College, do you war	it a 🗀 Linneid Colleg	ge or Linneld University diploma
Please clearly write the name you want printed on t	the diploma	
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