BARRY ID (required): _____

11300 NE Second Avenue, Miami Shores FL 33161*Phone (305)899-3860*Fax. (305) 899-3946

DUPLICATE DIPLOMA REQUEST

Date: _____ SS#: _____

Student Name: _____
LAST *FIRST* *MIDDLE/MAIDEN*

Address: _____
Street Address Appt/Suite City State Zip Code

Phone Number: _____ Email Address: _____

Term/Year of Graduation: _____ Major: _____

Name To Appear on Diploma: _____

How Diploma should be sent:

O Pick Up

O Mail to Address Above

Of Duplicate Diplomas Requested: ____ (There is a $25 fee for each duplicate diploma)

Requestor Signature: _____

Payment Type (Visa/MC/Amex) ONLY			
Credit Card Number	**Exp. Date**		
Total Diplomas Requested			
Total Amount Authorized			
I authorize Barry University to charge the card above in the amount specified to cover the cost(s) of my request for a duplicate diploma.			

Signature: Date:

Office Use Only

Deg/Maj:	**Honors:**	**CBO Approval:**
Grad Term:	**Grad Date:**	**Date Processed:**