

REQUEST FOR Re-PRINT OF DEGREE

I, _____
(Please print Full Legal Name) (Social Security Number) (Date of Birth)

Address: _____ City: _____ State: _____ Zip: _____

(Phone Number) (_____) Email: _____

DEGREE INFORMATION

Please complete the information listed below. Please list the name of you Facilitator. Please list each degree earned and the graduation date of each degree as it appears on the diploma below:

Facilitator's Name: _____

(Please print/type complete degree name) (Date of Degree)

(Please print/type complete degree name) (Date of Degree)

(Please print/type complete degree name) (Date of Degree)

Student's Signature: _____ Date: _____

Please check this box if you would like to order a wallet-sized degree card (+\$15.00 per card)

"PLEASE REMIT \$35.00 FOR EACH DEGREE REQUESTED, \$50 IF YOU ARE REQUESTING THE DEGREE CARD IN ADDITION"

All "Request for Degrees" must be received with fees attached. Upon verification of all course requirements and financial obligations being paid, degrees will be mailed to designated location requested above within five to seven (5-7) working days.

Credit Card Type: Visa Master Card: _____ Other: _____

Credit card # _____

Expiration Date: _____ Charge Amount: _____ Date of Charge _____

Credit Card Billing Zipcode: _____ CSC#/Last 3 Numbers on Back of Card: _____

Fax Number : (904) 695-9742 Mailing

Address:

JTS & RMBC

1709 St. Johns Bluff Rd. North

Jacksonville, FL. 32225