

Please Complete Form Entirely to Avoid Processing Delays

Student Information			
Name: Last	First	<u>M</u>	
Friends University ID:		ot know your ID #, leave blank and	l complete date of birth below.
			•
Address:			
	City	State	Zip
Phone:	Email:		
Data of Pieth	Drovious Nom		
Date of Birth:		ne(s):	
Degree:	Year Awarded:		
Major:	Honors:		
Name exactly as it should appear on diplon	na:		
4 Eco of \$25.00	per diploma is required pric	ar to processing	
A Tee 01 \$55.00	per dipionia is required pric	or to processing.	
Agreement			
Agreement			
Student Signature: Date:			
Down out Information			
Payment Information			
Students may pay in person at the Cashier		-	nt (316) 295-5865.
Please have pa	nyment information ready at t	he time of call.	
FOR OFFICE USE ONLY FEE:			
Ticket #:	S	ent:	