



DOCTOR OF OPTOMETRY DEGREE

Complete this form and submit with the appropriate fee (\$40.00 per duplicate diploma) to:

Office of Business Affairs
601 N Grand Ave
Tahlequah, OK 74464

Print your name exactly as you want it to appear on your diploma. If this is different than the current name on record with the university, you must submit appropriate documentation such as a copy of your driver's license, marriage license, passport, etc., along with this request.

Name: _____ Student ID Number: _____

Email Address: _____ Phone Number: _____

Date of Birth (mm/dd/yyyy): _____ Date of Graduation: _____

Mail to:

Name: _____

Address: _____

Address: _____

Cty, State, Zip: _____

NOTE: All Business Office holds must be cleared before diploma will be mailed. Requests will be processed within 6-8 weeks.

Signature: _____ Date: _____

For Business Office Use Only:

Please return this form to the Registrar's office, CASE Building, Lower Level, or fax to 918-458-9638.

Receipt #: _____ Amount: _____ Cashier: _____ Date: _____

Registrar Office use only:

Date mailed _____