

Legacy Diploma Copy Request

Official & Unofficial Copies of Diploma

(For Graduates of Spring 2024 and Prior ONLY)

Registrar and Student Records Office, SSC 240 3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699

(817) 735-2201 Fax (833) 431-1243/ADA (855) 604-0915 registrar@unthsc.edu

NOTE: Graduates after Spring 2024 please visit our <u>CeDiploma</u> webpage. Questions regarding data collected may be directed to the Registrar. (HB 1922)

Student ID OR Social Security Number	Date of Birth		<u>Program</u>
			☐ Texas College of Osteopathic Medicine
Last Name First Na	ame	Middle Name	College of Biomedical & Translational Sciences
			College of Public Health
E-mail	Daytime Telephone Numbe	er .	College of Health Professions (PA, DPT, & MSLS)
a	za, ame relephone mambe		System College of Pharmacy
Other Names Used While Enrolled at HSC			
Other Names Osed While Enrolled at nSC			Graduating Year
I would like to request:			
Official Diploma Co	· · · · · · · · · · · · · · · · · · ·	-	Unofficial Diploma Copy
			oloma printed on plain white 8.5 X 11 paper or in PDF
and are only available via mail or			nofficial copies do not include seal, certification, and 's signature and can be emailed as a PDF or faxed.
		-	
Official Diploma Copy		Unofficial Diploma Copy	
Number of copies:		Number of copies:	
	Delive	ery Method:	
 I would like to pick up my documents in person. (Please bring a photo ID to the front desk of Registrar and Student Records Office for document pick up.) ■ Mail to:		Attn:	
		Fax Number: _	
		Email to:	
	_		
I certify that I an	n the person whose na	me appears on the I	name line of this form,
	•	• •	he method listed above.
Signature		ite	-
Please allow 3 - 5 business days for	request completion.		
	,		For Office Use Only
			Date Request Completed