



Diploma or Certificate Order Form

***Please allow 6 weeks to receive your diploma once we accept your request.
Completed and signed form must be sent to registrar@ketchum.edu.***

Name:

Student ID or
Date of Birth:

Type of Diploma or
Certificate
(e.g., Doctor of Pharmacy):

Latin
Honor,
if any:

Diploma Name (Legal Name):

Date of Graduation or Issuance of Certificate:

Number of Diplomas/Certificate
Requested:

(\$40 per Diploma/Certificate)

**Payment
Information:**

Credit Card Name:

Credit Card Number:

Expiration Date:

CVV code (3-to-4-digit code):

Contact Phone Number:

**Diploma
Mailing
Address:**

Street:

Apt/Unit:

City:

State:

Zip
Code:

Country* (if not U.S.):

* Additional Fee will be charged to ship internationally

Student Signature: _____

Date: _____

Office Use Only

Date Ordered:

Amount
Charged: