



CHRISTIAN BIBLE COLLEGE OF LOUISIANA

P.O. BOX 850075
NEW ORLEANS, LA 70185
(504) 466-6131

REQUEST FOR COPY OF DIPLOMA

Please complete this form and mail with \$25.00 for each copy of diploma to Christian Bible College of Louisiana at its mailing address below. A separate form is required for each type of diploma requested. If you desire a diploma cover, please add an additional \$20.00 for each cover.

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Mailing Address: Christian Bible College of Louisiana
P.O. Box 850075
New Orleans, Louisiana 70185

Phone: (504) 466-6131

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(PLEASE PRINT)

Name _____ **Date of Birth** _____
(While in school)

Address _____ **Social Security #** _____
Street Address

_____ **Phone** _____
City

_____ **Year(s) Graduated** _____
State Zip

Type of Duplicate Requested Bachelor Masters Doctorate

Number of Duplicates Needed _____ Number of Diploma Covers Needed _____
x \$25.00 each x \$20.00 each

Total Enclosed \$ _____

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Print exact name and complete address where copy of diploma(s) and/or diploma cover(s) are to be sent:

I certify by my signature below that the information above is correct and that I am not securing this copy for any fraudulent or deceptive purposes.

Student's Signature (REQUIRED) Date

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Please allow three (3) to six (6) weeks for items to be processed.