Replacement Diploma Order Form



Name:				
As it is to appear on diploma	(First)	(Middle)	(Last)	
Phone Number				
E-Mail Address				
Current Address				
	Street			Apartment or Box Number
	City	State		Zip
Permanent Address Same as Above	5			
(Address diploma will be mailed to)	Street			Apartment Number
	City	State		Zip
Major:		Minor (Op	tional):	
Card Number:			ation Date:	CSV:
Signature				
In order to receive	a diploma from	n Bethany University, you r	nust meet the fo	llowing criteria.
 Be a gradua University. Have a zero 			y Bible College,	Bethany College, or Bethany
Orders average 4 weeks	from date of orde	r to delivery to you. Submit your o	rder via mail, fax or e	email via:
		Bethany Univer 6051 S Watt A Sacramento, CA Fax: (916) 503-2 transcripts@fc.beth	ve 95829 2917	
For Office Use: Received: /	/ Processe	d: / /		