

DUPLICATE DIPLOMA REQUEST FORM IAIA REGISTRAR'S FAX # 505-424-5786

Student Name	Previous/Maiden/Other Names			_
Dates Attended	SSN #	Phone #		_
Present Address	City	State	Zip	
# of Duplicate Diplomas \$30.00 Duplicate Diploma Fee/per request.	E-MAIL ADDRESS:			_
ALL REQUESTS REQUIRE 4-6 WEEKS FOR PROCESSING.	PAYMENT MUST ACCOM	PANY REQUEST:		
Picked up by student. Must present photo ID to pick up. Mail to address given below.	Cash Check/Money Order (Payable to IAIA) Credit Card: Visa; MasterCard; Discover			
PLEASE SEND DUPLICATE DIPLOMA TO:				
Name				
Address		rd Holder Inform	ation:	
City State Zip		older's Name: older's Address:		
	Address: (Zip code m	ust be included)		
I authorize the release of my diploma as indicated	Credit Card #	·		
Signature Date		te: (mm/yy)		
 No diploma will be furnished when Financial Aid, Financial Services or Library obligations have not been satisfied. Diploma will only be processed when payment is received. Federal law prohibits release of this diploma or its contents to any party without the written consent of the student. 				

prohibits release of this diploma or its contents to any party fundul the written consent of the stude

For Office Use Only Fee Received _____

Fee Charged _____

Date Sent _____ Processed by _____