

Students Name:			
Last Name	First Name		MI
Date of Birth		Student ID or Last 4 of SS#	
Date Graduated	Degree Received (BA/BS/MA)	Major	<u>.</u>
Name as you want to appear on dip	loma		<u> </u>
	Mailing Address (where to mail dip	loma)	
PO Box or Street Address	City	State	Zip
Phone Number		Email address	
Student signature		Date	
 FEE POLICY: The charge payable to New Mexico Hi University Attention Office If there is a change of name appear on diploma". ALL request must be author 	Replacement Diploma Service Po diploma that has been lost, stolen, or dan will be \$15.00 for EACH diploma. Make ghlands University. Mail the request and e of Registrar, Box 9000, Las Vegas NM e from the original diploma, please make wrized by the student's signature in accord ested by person other than the student wil	haged. FOR AWAR personal/cashier's c payment to New Me 87701 the change above ur ance with the Famil	check, or money order exico Highlands nder "name as you want to y Educational Rights &
	FOR REGISTRAR'S OFFICE USE	ONLY	
Paid:		Dat	e:
Mailed:			_Date: