



LLU ID# or Social Security Number: _____

Name on Diploma: _____

Telephone Number: _____

E-mail Address: _____

Degree and Major: _____

Date Awarded: _____

REQUEST INFORMATION

Please indicate how you would like your certified diploma copy sent.

- Hold for pick-up Mail Fax E-Mail

Name: _____

Address/Fax/E-Mail: _____

Quantity _____ at \$15 per copy. Please allow one (1) work week for processing.

This fee is non-refundable and must be received before request is processed.

PAYMENT INFORMATION

We accept check or credit card (VISA, MasterCard, or Discover) payments. Please make checks payable to Loma Linda University.

VISA MasterCard Discover Cardholder Zip Code: _____

Card Number: _____ Exp. Date: _____

Please note the Office of University Records must obtain authorization from Student Finance and Loan Collections in order to release degree information.

Signature: _____ Date: _____

Hand signature required.

If you have any questions please email diplomas@llu.edu

Phone: (909) 558-4508 | Fax: (909) 558-0340