

(For Graduates of Spring 2024 and Prior ONLY)

Registrar and Student Records Office, SSC 240

3500 Camp Bowie Blvd. Fort Worth, TX 76107-2699 (817) 735-2201 Fax (833) 431-1243/ADA (855) 604-0915 registrar@unthsc.edu

Date Request Completed\_

NOTE: Graduates after Spring 2024 please visit our <u>CeDiploma</u> webpage. Questions regarding data collected may be directed to the Registrar. (HB 1922)

Student ID OR Social Security Number	Date of Birth		<u>Program</u>	
			☐ Texas College of Osteopathic Medicine	
Last Name First Name		Middle Name	College of Biomedical & Translational Sciences	
			College of Public Health	
E-mail	Daytime Telephone Number	er	College of Health Professions (PA, DPT, & MSLS)	
			System College of Pharmacy	
Other Names Used While Enrolled at HSC			Graduating Year	
	<u>l woul</u>	d like to request	<u> </u>	
Official Diploma Copy Copy of diploma printed on plain white 8.5 x 11 paper. Official copies include seal, certification, and registrar's signature and are only available via mail or pick up in person.		Unofficial Diploma Copy  Copy of diploma printed on plain white 8.5 X 11 paper or in PDF format. Unofficial copies do not include seal, certification, and registrar's signature and can be emailed as a PDF or faxed.		
Official Diploma Copy			Unofficial Diploma Copy	
Number of copies:		Number of copies:		
	Deliv	ery Method:		
<ul> <li>I would like to pick up my documents in person.         (Please bring a photo ID to the front desk of Registrar and Student Records Office for document pick up.)     </li> <li>■ Mail to:</li></ul>		Fax Number: _		
		Email to:		
	t I am the person whose na y authorize release of my ac			
Please allow 3 - 5 business days				
	, jo. request completion.		For Office Use Only	