

**FRIENDS INTERNATIONAL CHRISTIAN UNIVERSITY**  
**Degree Copy Request Form**

**\$100 Per Degree Copy**

**\$ 50 Per Degree Cover (Royal Blue with University name engraved in gold)**

\_\_\_\_\_  
*Student Name (as appears on the original document)*

\_\_\_\_\_  
*Name on transcript if different from above (i.e. maiden name)*

\_\_\_\_\_  
*Address (City, State, Zip)*

\_\_\_\_\_  
*Social Security No.*

\_\_\_\_\_  
*Current Phone*

\_\_\_\_\_  
*Dates of Enrollment:*

Quantity

Degree Title & EXACT Name that appears on degree

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
*Student Signature*

**PAYMENT OPTIONS:**

**Please call 1-800-509-7009 to place your order      (OR)      Fax to (209) 384-3251**

PLEASE BILL MY CREDIT CARD: (*Visa, MasterCard, Discover, American Express*)

Type of credit card used: \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Total Amount to be billed \$ \_\_\_\_\_

Complete Billing Address \_\_\_\_\_

Name on card \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_