## Baptist Health College Little Rock Replacement Diploma Request

Complete and submit to:

Date Diploma Ordered:

Date Diploma Mailed (if applicable): \_\_\_\_\_

Baptist Health College Little Rock Business Office 11900 Colonel Glenn Rd Little Rock, AR 72210-2820 Fax: (501) 202-6070

The cost of a replacement diploma is \$10.00. If you wish to have the diploma mailed to you, there is an additional \$10.00 fee for mailing. Required fees may be paid by contacting the Business Office at (501) 202-6055 or using the space provided below. Questions regarding the diploma may be directed to the Registrar at (501) 202-7933. \_\_\_\_\_ Date: \_\_\_\_\_ Social Security Number: \_\_\_\_-\_\_ Phone Number: \_\_\_\_\_ City, State, ZIP \_\_\_\_\_ Mailing Address: \_\_\_\_\_ **Program Attended:** \_\_\_\_ Coding & Medical Transcription \_\_\_\_ Histotechnology \_\_\_\_ Medical Technology/Medical Laboratory Science \_\_\_\_ Radiography \_\_\_ Registered Nursing \_\_\_ Sleep Technology \_\_\_ Surgical Technology Graduation Date: \_\_\_\_\_ Submit reason for your request in the space provided: Name as you would like for it to appear on diploma (must use legal name on file with BHCLR unless you provide your social security card in order to use a different name): Signature Date To Pay by Credit Card: 3 Digit CVV code on Back: \_\_\_\_ Card Type: \_\_\_\_\_ Card #:\_\_\_\_ Name on Card: Expiration Date: Amount to be Charged (select one): \_\_\_\_\_\_ Pick up Diploma (\$10) \_\_\_\_\_ Mail to Address Above (\$20) OFFICE USE ONLY: Business Office Validation of Payment: Requested Approved by Registrar/Coordinator \_\_\_\_\_Request Not Approved by Registrar/Coordinator Reason Request not approved:

Date Diploma Received:

By Whom: \_\_\_\_\_