



Request for Duplicate Certificate

All fields must be complete in order to process your request

Requestor Information			
Full Name (as it is to appear on certificate(s))*		Name(s) Previously Used	
SSN or SIN	Date of Birth	Approximate Dates Attended	
Daytime Phone	Home Phone	Email Address (you'll receive status update emails throughout the process)	
Address		City, State Zip	

COMPLETE FOR DUPLICATE DEGREE—\$40 each

Degree (BS, DC, MT Cert, etc) _____

Date Awarded _____

COMPLETE FOR DUPLICATE CERTIFICATE(S) - DC ONLY \$15 each

- | | |
|---|---|
| <input type="checkbox"/> Internship | <input type="checkbox"/> Dissection of the Human Body |
| <input type="checkbox"/> Diagnostic Imaging | <input type="checkbox"/> Clinical Lab Diagnosis |
| <input type="checkbox"/> Physiological Therapeutics | <input type="checkbox"/> Acupuncture |

REAUDIT OF RECORDS TO AWARD BS DEGREE

Add \$50 plus diploma fee indicated above (Total= \$90)

Signature _____ Date: _____

*If you are using a different name than when you graduated, please attach verification of name change, i.e.: copy of official court document, driver's license with photo, or marriage license.
 *Duplicate degrees & certificates will be designated as such with the word "duplicate" printed in the lower right corner of document.
 *Degrees earned before the year 2000 will be printed on NCC stock with NUHS seal.
 *Please allow 6-8 weeks for processing and delivery.

CREDIT CARD INFORMATION



Name on Card _____

Card Number _____ Expiration Date _____

Signature _____

By signing above, you authorize National University of Health Sciences to charge the credit card indicated. I agree to pay charges relating to this transaction in accordance with the terms outlined in my card issuance agreement.

Check, money order or credit card number must be enclosed with order

Received:	Deg:	Mailed:	Total:
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