

# PARKER

COLLEGE OF CHIROPRACTIC

Diploma Request  
Duplicate/Replacement  
2500 Walnut Hill Lane  
Dallas, TX 75229  
972.438.6932, Ext. 7120  
Fax # 214.902.2458

**Please print the following information:**

Name on your diploma: \_\_\_\_\_

*Appropriate documentation must be submitted with request to verify any name changes. Duplicates will be stamped Duplicate. If you do not wish to have a duplicate issued and want the replacement to be the "New Original", then you must return the first original issued to you at graduation.*

Which degree are you requesting: DC or BS  
(This usually is the same as the original)

What color would you like to have diploma? Cream or Grey

Will your diploma be mailed or picked up? Mailed or Picked up  
**(Additional shipping delivery fees apply)**

If mailing, print clearly: Mailing address and a contact phone number: **(NO PO BOXES)**

Number of Diplomas Ordered:

DC: Cream \_\_\_\_\_ Grey \_\_\_\_\_

BSA: Cream \_\_\_\_\_ Grey \_\_\_\_\_

BSH: Cream \_\_\_\_\_ Grey \_\_\_\_\_

Amount Charged: \_\_\_\_\_

There is \$35.00 duplicate or replacement fee. Shipping Fees: Domestic \$20.00 International \$50.00  
Payment can be paid by Visa, Master Card or Discover or personal check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Your signature is required even if you do not pay by credit card.

\*\*If someone other than yourself will be picking up your diploma, we must have written request prior to them picking up your diploma.

\*\*\*If you are unable to return your original please note that this copy will be stamped duplicate. A brief statement must accompany your request stating why you are unable to return the original diploma.

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please note if billing address is the same as above.