



Western New Mexico University
Office of the Registrar
P.O. Box 680
Silver City, New Mexico 88062
Fax: 575-538-6093

Duplicate Diploma Order Form

Name: _____
(Print your name exactly as you wish it to appear on your diploma)

ID Number: _____

Mailing Address

Street Address: _____

City, State, Zip: _____

Day Phone: _____

Degree: _____

Major: _____

Date Awarded: _____

If paying with credit card, credit card number: _____ Expiration Date: _____

Security Code: _____ American Express is not accepted.

Signature: _____ Date: _____

***** OFFICE USE *****

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