



Diploma Request Form

Resurrection University
Office of the Registrar
1431 N. Claremont Ave
Chicago, IL 60622

Student Information:

Name: _____ Student ID# or Last 4 Digits of SSN: _____ DOB: _____

Former Name(s): _____ Name Desired on Diploma: _____

Email: _____ Phone: _____

Note: We will only use your Phone number or email to contact you regarding any questions we have concerning your request

Are you currently enrolled: Yes No If no, last year of attendance: _____

If you have completed multiple programs at RESU, please list which diploma you would like to request: _____

All diploma reorders have a fee of \$30. Allow six weeks to receive.

Diploma Mailing Address:

Please print clearly and include your first and last name, street address, city, state, and zip code:

Would you like to change your permanent address in our system to the address above? Yes No

Student Signature: _____ **Date** _____

Payment Information:

Name on Card: _____ Date of Transaction: _____

Card Number: _____ Student ID: _____

Type of Card: _____ CVV# _____ Student Name: _____

Expiration Date: _____ Amount to be Charged to Card: \$ _____

Billing Address: _____ Cardholder Phone: _____

City, State, Zip Code: _____ (OFFICE USE ONLY) Capture Number: _____

Card Holder Signature: _____

Office Use Only:

Processed by: _____ Date: _____

Phone 773-235-5708

Fax 773-227.5134

We accept signed and scanned requests attached via your RESU Email address to Registrar@resu.edu