



St. Michael Indian School

Founded by Saint Katharine Drexel in 1902

P.O. Box 650 St. Michaels, Arizona 86511 www.stmichaelindianschool.org

Main 505.979.5590 Fax 505.979.5590

DUPLICATE DIPLOMA REQUEST FORM

Upon date of receipt, diploma requests will be processed within 3 business days with processing up to 15 business days. Mail Order, Electronic or Fax request require Copy of Identification (Driver's License or Identification Card) with order form. Email Form to Velma Begay at velma.begay@smischools.org

Today's Date: _____ Graduation Year: _____

Last Name First Name Middle

Date of Birth: ____ / ____ / ____ Last 4 digits of Social Security No. _____ Maiden Name: _____

Signature _____ (Required for Processing)

Home Address

City State Zip Code

Email Address Phone Number

REQUEST Official Diploma Reprint \$ 25.00 x ____ (Quantity) = _____
Total Amount Due = _____

Visa MasterCard Discover AmEx Credit Card No. _____
Expiration date _____ Security Code _____ Signature: _____

REASON College Scholarship Employment Personal Other: _____

MAIL TO: (See Below) Pick Up

Address Above
 Other Address: _____ Second Address: _____

OFFICIAL USE ONLY

Person Processing Form: _____ Date of Receipt: _____

Received via FAX ____ EMAIL ____ MAIL ____ IN-PERSON ____

Identification Verified: Type? _____ # _____ Issued/Expiration _____

NO HOLDS HOLDS due to _____ Account Balance _____ Academic Requirements _____ Other: _____

Student Accounts Verification (Name & Date) _____

Academic Records Verification (Name & Date) _____

-Official Date of Graduation: (Month, Day, Year) _____

Processed Payment: Date _____ Credit Card ____ Cash ____ Receipt Number: _____

Diploma Reprint Request Received (Name & Date) _____ Date Sent to Printer: _____

MAIL Date: _____ Pick Up Date: _____