DIPLOMA MAILER ORDER FORM

Revised 05/28/2026 HJ

Office of the Registrar
1570 Baltimore Pike
Lincoln University, PA 19352
484-365-8087:Phone

PLEASE PRINT CLEARLY

NAME: _____
First Middle Last

STUDENT ID#_____

MAJOR: _____

MAILING ADDRESS: _____

_____

CITY/STATE/ZIP: _____

TELEPHONE: _____

***There is a $10.00 charge for this service. Please note, diploma will not be mailed if there is a balance reported by the Office of the Bursar.**

Student Signature: _____ Date: _____

Office Use Only

Financially cleared: ◯ Yes ◯ No Signature _____ Date_____

Office of the Registrar: Date mailed_____ Processed by:_____

Please print clearly.

Name on Card: _____

Cardholder's Signature: _____ ◯ **Visa** ◯ **Master Card** ◯ **Discover**

Credit Card Number: _____ **3 Digit Pin:** _____

Amount to charge: **$10.00**

Exp Date: _____/_____