



OKLAHOMA CITY UNIVERSITY
SCHOOL *of* LAW

JURIS DOCTOR DIPLOMA REORDER FORM

NAME _____
PRINT NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA

SS# _____

MAILING ADDRESS: FOR MAILING OF DIPLOMA.

STREET

CITY STATE ZIP

PHONE

GRADUATION DATE _____

SIGNATURE _____

PLEASE RETURN COMPLETED FORM ALONG WITH A CHECK IN THE AMOUNT OF
\$45.00 FOR EACH DIPLOMA REQUESTED TO:

OKLAHOMA CITY UNIVERSITY SCHOOL OF LAW
ATTN: LAW REGISTRAR
800 N. Harvey
Oklahoma City, OK 73102-2813