

Diploma Request Form

_____ Cash

Check # ___

The diploma fee (subject to change) is \$10.00 per copy and **must** accompany this request. All diplomas sent via U.S. mail. Please allow 3 business days for processing.

Please submit the completed form along with payment via email, fax, or mail: **Email** Fax Mail Office of the Registrar jbrooks@aiam.edu 614.825.6279 6685 Doubletree Ave. Columbus, Ohio 43229 Please note that payment can also be made by calling reception and giving information over the phone. **Student Information** Class Of Social Security Number Last Address City Email Telephone **Send Diplomas To** Name or Institution Name or Institution Address Address City City State **Student Signature Date Billing Information** ☐ Visa ☐ Mastercard ☐ Discover _ number of diplomas x \$10.00 = ___ Date Completed Name on Card

Credit Card Number

Exp. Date (MM/YYYY) CVV