Diploma will be:  Picked up by me									
Picked up by designated person (ID req	uired)								
Mail via US Mail									
Please Print Clearly							A	.ll Blanks Must Be Co	mpleted
*Student Name (Last, First Middle)					*Social Security # (last 4 digits) XXX-XX-				
*Street Address						*Phone Number			
*City	*State		*Zip Code			E-mail			
Program of Study					uate?		Yes	No	
ate Attended <b>FROM</b>				ttended <b>TO</b>					
						(If unknown,	use approx	rimate dates)	
Duplicate Diploma's are \$10.00 each		paid to pi	rocess.						
We accept <b>only</b> Discover, Mastercard and	d Visa DISCOVER MASS	VISA VISA							
Credit Card Number Expiration Date (MM/Y					3 Digit Code (from back of card)				
Total number of Transcripts requested?	d		Cardholder's Signature						
Picked Up									
Person designated to pick up transcript (ID r	required)								
Mailed To:									
Name/School/Organization									
*Street Address									
*City		*State					*Zip Code		
*Signature of Student			*Date						
*Required Fields									

**Allow 30 Days Process Time** 

Please Mail, Fax, or E-mail Diploma Request To:
Duplicate Diploma Request
13944 Airline Highway
Baton Rouge, LA 70817
Phone: (225) 752-4233
Fax: (225) 756-0903
E-mail: reception@iticollege.edu

Diplomas are disseminated as long as all financial obligations have been met. The school does not release transcripts on any previously enrolled student who has not met their financial obligations to the school as determined by the Accounting Department.