



United Medical Institute

5280 Auburn Blvd., Sacramento, CA 95841
Ph: (916) 334-5118, Fax: (916) 334-6852
Web: <http://www.unitedmedicalinstitute.com/>

DIPLOMA REPLACEMENT REQUEST FORM

Student Information:

Legal Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Name desired on diploma (if different than above): _____

Program(s) Attended:

- Ultrasound Technology
- Cardiovascular Technology
- Vascular Technology
- Medical Assistant
- Massage Therapy

Dates Attended: _____

Diploma Cost:

- \$20 each for regular delivery (2 weeks)
- \$35 each for **rushed delivery** (up to 5 business days)

Number of Diplomas requested _____

Number of Diplomas requested _____

Form of Payment:

- Money Order (takes a minimum of 2 weeks to clear)
- Cashier's Check (takes a minimum of 2 weeks to clear)
- Check # (takes a minimum of 2 weeks to clear)

Diploma(s) to be:

- Picked up in Person
- Mailed to:

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Student signature: _____ Date of the Request: _____

For School Use Only:

Registrar Signature

Date of Receipt

Issue Date