

Diploma Request Form (for Apostille)

Registrar's Office

Name: _____ Maiden Name: _____

Campus Key _____

Date of Birth: _____

E-mail Address: _____ Home Phone: _____

Graduation Date: _____

Degree Earned: _____

Campus of Attendance: _____ Center City _____ East Falls _____ Other _____

Name as it should appear on the diploma: _____

Please print the address where you would like to have your diploma sent:

Country for which documents are being prepared _____

Signature: _____

Date: _____

**No request will be honored for those individuals with outstanding balances owed to
Thomas Jefferson University.**

**Please include a check for \$90 made payable to Thomas Jefferson University
with this form.**

East Falls students (mail to):

Registrar's Office
4201 Henry Avenue
Philadelphia, PA 19144

Center City students (mail to):

1015 Walnut Street
Curtis Building, Suite 115
Philadelphia, PA 19107