

# Application for Diploma

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
MIDDLE INITIAL

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MAIDEN NAME

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
WORK PHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
DATE GRADUATED

A copy of your original diploma MUST be sent with this application and must be accompanied by a check or money order for \$45.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Mail application to:

ATTN: Registrar's Office  
3500 SW 119th St.  
Oklahoma City, OK 73170

For questions call:

(405) 692-3199