Office of Admission and Records Institute of Clinical Acupuncture and Oriental Medicine 100 N. Beretania Street, #203 B Honolulu, HI 96817

REQUEST FOR DUPLICATE DIPLOMA

I,		
Last name	First name	Middle name
Address:		
Street		Apt #
City	State	Zip code
Student ID/ SSN:		Date of Birth:
		Month/Day/Year
Date of Attendance: from	1	to
	Month/Year	Month/Year
		duplicate diploma to be released to myself.
COST: US \$ 50.00 [] Chec	k Payable to ICAOM	
[] VISA [] MC		Expire Date/
Signature:	Date of Request:	
PLEASE FAX to 808.521.22	71 or mail to the above	address.
INFORMATION IS REL PROVIDE WRITTEN PER	EASED TO YOU MISSION BY SIGNI	
OFFICE USE ONLY:		
Request and Fee Received on	: Dupli	cate Diploma Released on:
Diploma Processed By:		
	Print Name and Signat	ture of Registrar