**Request for Replacement/Additional Diplomas**
**Credit/Debit Card Form** **Date: _____**

**To Student:**

- This form may be used if paying for a Replacement/Additional Diploma Fee by credit or debit card
- Do not use this form if you are paying with a check or money order
- Non-Refundable Fees are subject to change

**1. Fill out Student Information:**

Semester: □ Fall □ Spring □ Summer Year: _____

Name:

_____

(Print) (Last) (First) (M.I.)

Address:

_____

Street/PO Box City/Province State/Country Zip Code

Phone Number: _____ Student ID#: _____

Email Address: _____

**2. Fill out Cardholder Information**

Name: _____

(As printed on Card)

Billing Address: _____

Street/PO Box City/Province State/Country Zip Code

Phone Number: _____ Card Issuer (Check only one): □ Visa
□ Mastercard
Amount: $ _____

Credit/Debit Card Number (16-digits):_____

Expiration Date: _____ Card CV2 Code (3-digit code on back of card):_____

I agree to pay the non-refundable fees that are indicated on the graduation application

Cardholder Signature _____ Date: _____

**University of Hawaii at Hilo**
**Office of the Registrar**
**200 W. Kawili Street**
**Hilo, HI 96720-4091**
**Fax (808) 933-0861**