Clear Form

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
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