



Gurnick Academy of Medical Arts Diploma Replacement Request Form

Registrar office fax and email address: (888) 812-4257, registrar@gurnick.edu

- San Mateo Campus: 2121 S El Camino Real, Bldg C200 San Mateo, CA 94403
- Concord Campus: 1401 Willow Pass Rd, Ste 450 Concord, CA 94520
- Modesto Campus: 4712 Stoddard Road, Ste 200 Modesto, CA 95356
- Fresno Campus: 7335 N Palm Bluffs Ave Fresno, CA 93711

Student Information:

Legal Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Name desired on diploma (if different than above): _____

Program(s) Attended:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Medical Assistant | <input type="checkbox"/> Nursing Assistant | <input type="checkbox"/> Physical Therapist Assistant | <input type="checkbox"/> Radiologic Technology |
| <input type="checkbox"/> MRI Technology | <input type="checkbox"/> Phlebotomy Technician | <input type="checkbox"/> Psychiatric Technician | <input type="checkbox"/> Ultrasound Technology |
| <input type="checkbox"/> RN to BSN | <input type="checkbox"/> Vocational Nurse | | |

Dates Attended:

Diploma Cost:

\$15 each for regular delivery (2 weeks)

\$30 each for **rushed delivery** (up to 5 business days)

Number of Diplomas requested _____

Number of Diplomas requested _____

Form of Payment:

Credit Card Online Payment (required for rushed diplomas)

Money Order (takes a minimum of 2 weeks to clear)

****Fastest method for processing diploma request**

Cashier's Check (takes a minimum of 2 weeks to clear)

Check # _____ (takes a minimum of 2 weeks to clear)

ONLINE PAYMENTS ENSURE THE QUICKEST DELIVERY AND CAN BE MADE THROUGH OUR WEBSITE:

www.gurnick.edu/online-payment

Diploma(s) to be:

- Picked up in person
- Mailed to:

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Student Signature: _____

Date of the Request: _____

For School Use Only:

Registrar Signature

Date of Receipt

Issue Date