



Request for Baltimore International College Official Diploma

Student Name: _____

(Please Print)

Social Security Number: _____

Student Address _____

Student Daytime Phone: _____

I hereby authorize and request Stratford University to release my Diploma to:

Recipient's Name and Address for Diploma

If paying by credit card, go to www.stratford.edu/BIC-Foundation

I am mailing a check or money order with this form.

Check Number: _____

I have paid online (**Fax request to 410-327-7365 once paid**)

Student Signature _____ Date _____

This form will not be processed without the student's signature and date.