



Attn: Registrar's Office
2211 College View Drive
Redding, CA 96003
Phone: (530) 226-4111
Fax: (530) 226-4870

**Office of the Registrar
Request to Mail Cap and Gown**

Name: _____ Phone Number _____

Date of Request: _____ Social Security Number: _____

Student ID _____ CPO Number _____

E-mail communication will be sent to your Simpson University email account.

Please provide the following information:

Commencement Date: _____

Degree received: _____

Please mail to: _____

Fee: \$15

Signature: _____

**** Payment must be included before items are mailed. Note: Simpson University is not responsible for the condition in which the items are received. To ensure the best quality of the items, we recommend that the items be picked up in person.**

FAXED REQUESTS MUST INCLUDE THE FOLLOWING PAYMENT INFORMATION:

Master Card/Visa/AMEX Number _____

Expiration Date _____ Billing Zip Code _____

(3 digits on back of card of Visa & MC; 4 digits on front of card for AMEX) _____

Office Use Only

Pymt \$ _____

Ck # _____

Credit Card

Cash