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

SIMPSON
UNIVERSITY

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:_____

PLEASE RETURN FORM TO THE REGISTRAR'S OFFICE OR EMAIL TO REGISTRAR@SIMPSONU.EDU

*** 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