5912 Spencer Hwy
Pasadena, Texas 77505
Attn: Office of the Registrar
RegistrarOffice@txchiro.edu

Diploma Copy

Request and Authorization for Release of Diploma Copy

Name _____ Date _____

Other names used while attending: _____

DOB _____

Address_____

City_____ State _____ Zip _____ Phone _____

Graduation date *or*
Last year enrolled: _____

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5912 Spencer Hwy.
Pasadena, TX 77505

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Mail diploma copy to:

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