

COMPANY COPY

PLEASE PRINT

5178286

- CHECK DEGREE
- ASSOCIATE
 - BACHELOR
 - MASTER
 - DOCTOR

- CHECK ONE
- STUDENT
 - FACULTY

LAST NAME			CHECK ONE	
			MALE	<input type="checkbox"/>
			FEMALE	<input type="checkbox"/>
FIRST NAME		MIDDLE INITIAL	WEIGHT	
CAP SIZE	HEIGHT WITH SHOES		FULL TITLE OF DEGREE	
	FEET	INCHES		
PHONE NUMBER				
NAME OF SCHOOL PLACING ORDER				
CITY & STATE				

CHECK ITEMS ORDERED QUANTITY AMOUNT
 LINE 1 CAP, GOWN & GRADTASSEL (UNIT) \$ _____

LINE 2 HOOD (FILL OUT BELOW) _____

COLLEGE/UNIVERSITY CONFERRING DEGREE
CITY & STATE

- LINE 3 GOWN ONLY _____
- LINE 4 CAP ONLY _____
- LINE 5 GRADTASSEL ONLY _____
- LINE 6 SOUVENIR TASSELS _____
- LINE 7 OTHER _____

J HERFF JONES
 CAP & GOWN DIVISION
An employee owned company

SUB TOTAL _____
 TAX _____
 TOTAL _____
 AMOUNT PAID _____
 BALANCE DUE _____

PLEASE FAX COMPLETED FORM TO: (787) 756-7351

INFORMATION REQUIRED: NAME
 WEIGHT
 CAPSIZE
 HEIGHT W/SHOES
 PHONE NUMBER