

ADD ORDER FACULTY/COLLEGE

Original Order No.

(OFFICE USE ONLY) Copy #



- CLASSKEEPER™
 CLASSRENTAL™

FAX: 217-268-4855
or arfax@herffjones.com

DATE: _____

PAGE: _____ OF _____

Customer Herff Jones Customer Number
3 1 - 0 0 1 6 1 6 - 0 0

Clarkson University
Customer Name - Please Print
Marcy Bennett
Contact
8 Clarkson Ave
Address of Organization (P.O. Box and Street)
Potsdam NY 13699
City State Zip
315-244-7601 mbennett@clarkson.edu
Phone Number Email Address

Ship To Herff Jones Customer Number
3 1 - 0 0 1 6 1 6 - 0 0

Clarkson University-SHIP HERE
Customer Name - Please Print
Attn:
Contact
80 Nott Terrace
Street Address
Schenectady NY 12307
City State Zip
Phone Number Email Address

Acknowledge to Customer? Yes No
If yes, customer email address must be completed

Bill To: Rep or Customer

Purchase Order #

DELIVERY DATE
0 6 MO 0 6 DAY 2 2 YR

CEREMONY DATE
0 6 MO 1 3 DAY 2 2 YR

STUDENT FACULTY Student and Faculty orders must be submitted on separate forms.

Charge Late Fee To: Rep Customer
Charge Shipping To: Rep Customer
All orders received with less than the required lead time are subject to an expedited handling fee and transportation costs up to and including air transportation.

LAST NAME		GENDER M <input type="checkbox"/> F <input type="checkbox"/>	
FIRST NAME		INIT	WEIGHT
CAP	HEIGHT FEET INCHES	FIELD OF DEGREE	

ASSOC BACH MAST DOCT
HOOD INFORMATION (Below)
NAME OF SCHOOL WHERE DEGREE EARNED
ADDRESS OF SCHOOL (CITY & STATE)
CAP, GOWN & TASSEL (UNIT) N
HOOD M
GOWN ONLY U
CAP ONLY I
TASSEL ONLY O
OTHER H

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