


Doctoral or Faculty Rental Regalia Order Form

MEASUREMENT FORM GRADUATE	 HERFF JONES®		PLEASE PRINT		CHECK ITEMS ORDERED	QUANTITY	AMOUNT	
	COLLEGIATE CAP & GOWN				An employee owned company			
	CHECK DEGREE		LAST NAME		CHECK ONE		LINE 1 <input type="checkbox"/> CAP. GOWN, & GRADTASSEL (UNIT) \$ _____	
	<input type="checkbox"/> ASSOCIATE <input type="checkbox"/> BACHELOR <input type="checkbox"/> MASTER <input type="checkbox"/> DOCTOR		FIRST NAME	MIDDLE INITIAL	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		LINE 2 <input type="checkbox"/> HOOD (FILL OUT BELOW) _____	
			CAP SIZE	HEIGHT WITH SHOES	WEIGHT		NAME OF SCHOOL WHERE DEGREE EARNED	
				FEET INCHES	DEGREE EARNED		CITY & STATE	
	CHECK ONE		NAME OF SCHOOL PLACING ORDER				LINE 3 <input type="checkbox"/> GOWN ONLY _____	
	<input type="checkbox"/> STUDENT <input type="checkbox"/> FACULTY		CITY & STATE				LINE 4 <input type="checkbox"/> CAP ONLY _____	
							LINE 5 <input type="checkbox"/> GRADTASSEL ONLY _____	
							LINE 6 <input type="checkbox"/> SOUVENIR TASSELS _____	
						LINE 7 <input type="checkbox"/> OTHER _____		
						SUB TOTAL	_____	
						TAX	_____	
						TOTAL	_____	
						AMOUNT PAID	_____	
						BALANCE DUE	_____	

Contact #: _____ Email: _____

Please fill in all information. An incomplete form may result in a delay while we retrieve the information.