

Graduation DVD Order Form

APSU Department of Communication

P.O. Box 4446
Clarksville, TN 37044

Billing Information:

Name _____ Student ID **A** _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Shipping Information:

Shipping is same as billing

Name _____ Student ID **A** _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Graduation Ceremony: (please check one) Year 20_____

____ December _____ AM _____ AM/PM _____ PM Date: ____/____/____

____ May _____ AM _____ AM/PM _____ PM Time: _____

____ August _____ AM _____ AM/PM _____ PM College: _____

Quantity

____ @ \$25 each

____ \$2 shipping & handling

____ Total Amount Owed

____ By checking here, and signing below, I agree to have APSU Department of Communication charge my student account \$_____ for the graduation DVD(s). Funds will be withdrawn before graduation for processing while student accounts are still active.

If paying by check, make checks payable to APSU Department of Communication.

Signature

Date

NOTE: This is a recording of a live event. We have no control over the quality of the sound or video. DVD's will be mailed as soon as they are available.