



REQUEST FOR REPLACEMENT DIPLOMA

INSTRUCTIONS:

1. There is a \$15.00 fee per replacement diploma. The payment must be received prior to processing a request. Payment must be included with this form.
2. Replacement diplomas should be mailed approximately two (2) weeks after receipt of the request and payment.
3. Please sign, complete and return this form – with payment – to the address listed at the top of the page.

PLEASE CAREFULLY PRINT YOUR RESPONSES:

Student Identification Number: _____ Graduation (semester and year): _____

Degree Received: ___ Associate ___ Bachelor ___ Master ___ Specialist ___ Doctorate

Major/Specialization: _____

NAME:

TYPE or PRINT your name EXACTLY as it is to appear on the diploma, clearly indicating spacing and capitalization.

FIRST _____ MIDDLE _____

LAST _____ MAIDEN (optional) _____

SUFFIX (optional) _____ (JR, SR, II, IV, etc.)

DIPLOMA MAILING ADDRESS:

Do NOT leave blank. The diploma(s) will be mailed to this address.

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number (including area code): _____

Work Phone Number (including area code): _____

Email Address: _____

SIGNATURE

By signing this form, you understand that depending on your graduation date, the diploma may not be an exact replica or the original document received.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

_____ Fee Received _____ Honors

Mailed (Date/Initials): _____