



## 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): \_\_\_\_\_