DIPLOMA REORDER FORM

(Only graduates may request replacement/duplicate diplomas)

☐ Replacement Diploma ☐ Duplicate Diploma

There is a $20.00 fee for each diploma.

Please Print Clearly:

Name:_____
First Middle Last

Student ID#:_____ Date of Birth:_____

Degree Earned:_____ Major:_____

Name under which you were registered at the time of graduation if different from above:

_____
First Middle Last

Contact information:

Address:_____
Street Address

_____ _____ _____
City State Zip

Phone:_____ _____
Daytime Evening

In order to document the replacement/duplication of a diploma, please state the reason for this request.

(If this is for a Name Change, please provide documentation: Marriage Certificate, court documents, etc.)

_____

_____

_____

_____

The above statement is true and correct, and I am the person named above who received the degree for which a replacement/duplicate diploma is requested.

_____ _____
Signature of Graduate Date

Please allow 6 to 8 weeks for processing. You will be notified by mail at the address above when the diploma is ready.

Date Ordered_____Date Notified_____Date Mail/Pick-up_____