



Request for Replacement Diploma

Name: _____
(Last) (First) (Middle Initial)

Clearly print the name you would like on your diploma below. Your name must match the name we have in our records.

First Name: _____

Middle or Maiden Name: _____

Last Name: _____

Social Security/ID #: _____

Address where diploma will be mailed to:

Address: _____ Apt./Bldg. _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____ Diploma Date: _____

- Bachelor of Arts
- Bachelor of Science
- Bachelor of Fine Arts
- Bachelor of Music
- Bachelor of Science in Nursing
- Master of Arts
- Master of Science
- Master of Fine Arts
- Master of Music
- Professional Diploma

I certify that the previous data and statements are correct, and I affirm that I am the student described of this form

Date: _____ Signature: _____

Processing Fee - \$25.00 (Payment must be included with this form). Two forms of identification must be provided when completing this form in person.

Below should be completed by a notary only if the Registrar's Office receives this application by mail.

(Date) (Signature) (Notary Seal)

For Registrar's Office Use Only

(Date Received) (Degree) (Initials of Processor)