

## Replacement Diploma Request

Office Use Only: Request Completed by \_\_\_\_\_ Date \_\_\_\_

**Note** – Replacement diplomas are issued with the titles and college officials who were present during the graduation term. Please allow 2-3 weeks for delivery.

Current Name (l	Please Print)			
Previous Name				
Date of Birth				
Mailing Address				
Phone Number (	)			
C' AN	(If this section is no	t completed, the legal 1	ant it to appear on the	pe used)
First Name		_ Middle	Last	
Month/Year	rded			
Honors Rece	ived	(Note: Phi Theta K	anna Latin Honors, etc	
		(Note: 1 iii Theta Ka	appa, Latin Honors, etc	•,
<b>Qty</b> : Dip	oloma (at \$10 per copy)	Diploma C	over (at \$10 per cover)	BUSINESS OFFICE
tudent Signature			Date	
	ayment (if applicable) to: ; via email to recordsoffic			rds Office, 710 Colegate Drive
•	by check, money order, of to make the payment v	•	ou wish to use a credit o	card, please contact the Business