



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

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Processing Fee -

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)