

Request for Replacement Diploma

Name as found on academic record: _____

Name to be printed on replacement diploma: _____

(Legal documentation is required if name differs from GC academic records (ie. Driver's license, Marriage certificate, divorce decree).

GCID or last 4 digits of SSN: _____

Date of Birth: _____

Degree earned: _____

Major: _____

Graduation date: _____

Honors earned: _____

(Summa, Magna, Cum Laude)

Copies requested: _____

There is a \$10.00 replacement fee for each copy requested; please attach a check or money order.

Address to mail replacement diploma:

Name

Street Address, Apt No.

City

State

Zip Code

Daytime phone no: _____ Cell no. _____

Email address: _____

Signature: _____ Date: _____

Allow 4-5 weeks for processing.

Internal Use Only

Date Received: _____

Date Ordered: _____

Date Mailed: _____

Receipt no. _____:

Check no. _____

Apostille requested: Y / N