

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:		
<i>Name</i>		
<i>Street Address, Apt No.</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Daytime phone no: _____ Cell no. _____

Email address: _____

Signature: _____ **Date:** _____

Allow 4-5 weeks for processing.

<i>Internal Use Only</i>	<i>Date Ordered:</i> _____	<i>Receipt no.</i> _____:
<i>Date Received:</i> _____	<i>Date Mailed:</i> _____	<i>Check no.</i> _____
<i>Apostille requested: Y / N</i>		