



REPLACEMENT DIPLOMA REQUEST FORM

The following information is required for all replacement diploma requests, along with a payment of \$30.00 and a copy of a national picture ID. **Incomplete requests will not be processed.**

Current Name _____ Attended as _____

Graduation Date: _____ Degree: _____

Social Security Number: _____ ID# (if known) _____ Date of Birth _____

Phone: _____ Email: _____

Name as it is to appear on diploma: Must match legal name of _____ academic record.

Address diploma should be mailed to:

_____ Date _____

Signature Required

Mail this signed request form along with the replacement fee of \$30.00 (check or money order made payable to Anderson University) to Anderson University, Office of the University Registrar, 1100 East Fifth Street, Anderson, IN 46012.

Replacement diplomas will be sent only upon confirmation of all information. Please note all replacement diplomas read **Anderson University**, not **Anderson College**. The signatures appearing on the diploma would be that of the current administration. Please allow 6-8 weeks for delivery. Feel free to call 765-641-4164 with any questions.

Office use below:

Academic Clear _____ Business Clear _____ Picture ID _____ \$30.00 Cash _____ or Check # _____

Received by _____ Date _____ Sent _____