



**REPLACEMENT DIPLOMA  
REQUEST FORM**

Name \_\_\_\_\_

Former names \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

SSN *or* WVUP ID \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Degree Awarded \_\_\_\_\_

Your replacement diploma will be processed within 7 to 10 days and mailed to the address above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

<p><b>*** RECORDS OFFICE USE ONLY ***</b></p> <p>( ) 1 copy @ \$20</p> <p>( ) mailed on _____</p> <p>Receipt number _____</p> <p>( ) cash</p> <p>( ) check number _____</p> <p>( ) money order _____</p> <p>( ) credit card _____</p> <p style="text-align: right;">Signature from Business Office</p>
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