

DIPLOMA REPLACEMENT APPLICATION

Rev. 7/24/2015

Your Name: (Print)_						
Address:	Last name	First name		Middle name		
Street	City	S1	tate	Zip code	_	
Email Address:		Те	elephone:		_	
Social Security #: Dates of Attendance:						
	different name, please					
Mailing Address for	the delivery of the Dip	oloma: (Please n	nake sure the address	is clear and accur	ate). —	
(FERPA), the signature. ➤ The name o ➤ Any financia diploma/cer with outstar ➤ Please allow ➤ There is a \$300000000000000000000000000000000000	ral privacy laws, such as Office of the Registrar nyour diploma will refluit obligations to the Collectificate being processed in State of the State	ect your name lege must be said. No replacement to the Colleprocessing time eplacement cerwact replica of y signatures of the per.	on the official transcatisfied prior to a reparent diplomas will be ge. To of your request. Trificate/diploma. (Feyour original diplomane current College of	tain the student cript. lacement furnished to a g es subject to chang a at the time of cricials and will b	t's graduate e). your	
REASON FOR REQUEST	☐ Original diploma stole	en 🗆 O	riginal diploma destroy	ed 🚨 (Original diploma lost	
Student's Signat	:Ure (Approval to Release		ate:			

I certify that I am the above named person and the information I have provided is accurate.

**If your diploma is undelivered, lost, stolen, or damaged in the mailing process, we regret that we cannot be responsible for the diploma. You will need to order a replacement diploma and pay all associated fees. Thank you for your understanding.

Return this form and fees payable to: Divine Word College, Office of Registrar, 102 Jacoby Drive SW, PO Box 380, Epworth, Iowa 52045-0380