Independence Junior College

DIPLOMA REPLACEMENT REQUEST FORM

Please Print

Name _____ _____ _____
First Name Middle Name Last Name

Date of Birth: _____/_____/_____ Maiden or Previous Name, if applicable_____
[month], [day], [year]

Name ***as shown on the original diploma*** _____

Month / Year of Graduation _____, _____

Degree earned _____

--Reason for Replacement request (Please check one)

☐ (1) Diploma has been lost or damaged

☐ (2) Name has been legally changed (we require the original diploma to be returned and legal documentation of the name change before replacement will be issued.)

☐ (3) Other_____

__copy of diploma only - $25.00

__cover only - $40.00

__diploma & cover - $65.00

Name to be shown on the replacement diploma _____

Note: Initials may be substituted for names and vice versa, but any substantial changes require documentation—see (2) above

Email: _____

Phone number: Home: _____ Cell: _____ Work:_____

_____ _____
Applicant's Signature Date

- ❖ This form and payment made must be received by the Office before we process the request.

Finance OFFICE USE ONLY: Finance Officer: _____

(___ $25.00 ___ $40.00 ___ $65.00) Receipt # : _____ Date:_____

Signature of Recipient _____ Date: _____