

Office of the Registrar – Replacement Diploma Request

- Complete and sign this form
- Attach documentation of new name if applicable
- Diploma orders will be placed three times a year: February, July and October
- Include a check or money order for the amount of \$50.00 made payable to Agnes Scott College and mail it to: **Office of The Registrar, 141 East College Avenue, Decatur, GA 30030**

Name/Degree Information	
Name At Attendance- FIRST:	Name At Attendance- MIDDLE:
Name At Attendance- LAST:	ASC ID #:
Current Phone Number:	Current Email:

Name/Degree Information		
Degree Received: <input type="checkbox"/> Bachelor of Arts <input type="checkbox"/> Bachelor of Science <input type="checkbox"/> Master of Arts <input type="checkbox"/> Master of Science	Reason for Request: <input type="checkbox"/> Lost <input type="checkbox"/> Damaged <input type="checkbox"/> Name Change (include copy of government-issued ID indicating the new name)	Graduation Date and Year:
Name As It Should Appear On Your Diploma (Please specify case and spacing preferences):		

Payment/Delivery Information	
Payment Method and Check Number: <input type="checkbox"/> Check _____ <input type="checkbox"/> Cashier's Check _____	Delivery Instructions: <input type="checkbox"/> I will pick up my diploma. When it is ready for pickup, please contact phone/email given above. <input type="checkbox"/> Please mail my diploma to me at the address below: _____ _____ _____

The above information is true and correct, and I am the person named above who received the degree for which this replacement diploma is requested.

Signature _____ **Date** _____