

## Agnes Scott College Office of the Registrar – Replacement Diploma Request

COMPLETE AND SIGN THIS FORM. Diploma orders will be placed three times a year: February, July and October

<b>Name/Degree Information</b>	
Name At Attendance (If Applicable):	
Current FIRST Name:	Current MIDDLE Name:
Current LAST Name:	ASC ID # <b>OR</b> Date of Birth:
Current Phone Number:	
Current Email:	

<b>Name/Degree Information</b>		
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	Honors Earned (If Applicable): <input type="checkbox"/> Cum Laude <input type="checkbox"/> Magna Cum Laude <input type="checkbox"/> Summa Cum Laude	Graduation Date and Year: <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> December  Day: _____ Year: _____
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		
<b>Name As It Should Appear On Your Diploma (Please specify case and spacing preferences):</b>   		

<b>Payment/Delivery Information</b>	
Include a check or money order for the amount of \$50.00 made payable to Agnes Scott College and mail it to: <b>Office of The Registrar</b> <b>141 East College Avenue, Decatur, GA 30030</b>	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 me at my phone/email given above. <input type="checkbox"/> Please mail my diploma to me at the address below (please write clearly):  Name: _____  Address 1: _____  Address 2: _____  City: _____ State: _____ Postal Code: _____	

**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:** \_\_\_\_\_

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For Office Use Only

Date Order Received: \_\_\_\_\_

Date Fee Received: \_\_\_\_\_

Date Diploma Mailed: \_\_\_\_\_

Name of Registrar's Office Personnel Processing Request: \_\_\_\_\_