AGNES SCOTT COLLEGE
Replacement Diploma Request

Instructions:
- Complete and sign this form
- Attach documentation of new name if applicable
- Include a check for $35 made payable to Agnes Scott College
- Mail to: Office Of The Registrar, 141 East College Avenue, Decatur, GA  30030

Name/Degree Information:
Name at Attendance: _________________________________________________________________________
Last    First    Middle
Degree Received: ___Bachelor of Arts ___Master of Arts in Teaching Year Received:_______
Name as it should appear on your diploma (please specify case and spacing preferences):
______________________________________________________

Reason for Request:
___ Lost
___ Damaged
___Name Change (include copy of government-issued photo identification indicating the new name)

Delivery Instructions (Diplomas may take up to 90 days for processing and receipt):
___I will pick up the diploma. Please contact me when it is available at ________________________________

___Please mail my diploma to:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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___________________________

OFFICE USE ONLY
Fee | Honors | Ordered
--- | --- | ---
Degree Date | President | Received
ASC Year | Chair | Mailed/Claimed