

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 _____
phone/email

___ 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 | |