



DIPLOMA REPLACEMENT REQUEST

MARIETTA COLLEGE RECORDS OFFICE

PLEASE PRINT CLEARLY.

215 Fifth Street
Marietta, OH 45750
Phone: (740) 376-4723
Fax: (740) 376-4729
Email: records@marietta.edu

Name of Student* (First)	(Middle)	(Former/Maiden)	(Last Name)	Suffix (Jr., etc.)
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Name to be printed on diploma* (see note below)

***Note: If the name you want on your diploma does not match the name on your official transcript, you must submit an ORIGINAL copy of one of the following appropriate legal documents: marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or Social Security card.**

Address of Student (Street)	(Apt. #)
(City)	(State) (Zip)

Daytime Phone Number:	Student E-mail Address:
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Student ID # or Last 4 digits of SS #*	Date of Birth (Mo., Dy., Yr.)*
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Graduation Date (Mo/Yr)	Degree(s) Earned (BA, BS, etc.)
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Printed diploma: Quantity _____ x \$30 = \$_____ ceDiploma expedited shipping: add'l \$30_____

Expedited Shipping: \$50 within continental US International (varies, call office for cost)

Legacy ceDiploma (certified electronic diploma sent to graduate): \$60 (Degree date prior to August 1, 2021)

ceDiploma (certified electronic diploma sent to graduate): \$30 (Degree date August 1,2021 or more recent)

Paying by check or money order (payable to Marietta College) – Check # _____ Total: _____

Paying by credit or debit card (VISA, MasterCard, or Discover), please provide the following information:

Card Number # _____ CVV # _____ Expiration Date _____

Cardholder Name: _____

Cardholder Address: _____

Cardholder Phone #: _____

Pick up Diploma from Records Office

Mail Diploma to: CeDiploma email address: _____

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Country (not required if mailed inside U.S.): _____

Comments (if applicable): _____

Student Signature* _____ Date: _____

FOR OFFICE USE ONLY: Verified by: _____ Date: _____