



DIPLOMA REPLACEMENT REQUEST

RECORDS OFFICE

MARIETTA COLLEGE-Records Office
 215 Fifth Street
 Marietta, OH 45750
 Phone: (740) 376-4723
 Fax: (740) 376-4729

Complete this form and sign below. **PLEASE PRINT CLEARLY.**

If the name you want on your diploma does not match the name on your official transcript, you must submit an <u>ORIGINAL</u> 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.				
Legal Name of Student (First)		(Middle)	(Last Name)	(Jr., etc.)
Address of Student (Street)				(Apt. #)
(City)		(State)	(Zip)	
Student ID # or SS #*		Date of Birth (Mo., Dy., Yr.)*		
Graduation Date (Mo., Dy., Yr.)	Degree Earned (Bachelor of Arts, etc.)		Honors	
Number of replacement diploma(s) requested _____ @ \$15 ea= \$ _____ Paying by check or money order (payable to Marietta College) – Check # _____ Paying by credit or debit card, please provide the following information: <div style="text-align: center;"> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover </div> Account # _____ CVV # _____ Expiration Date _____ Cardholder Name: _____ Cardholder Address: _____ Cardholder Phone #: _____				
MAIL DIPLOMA TO:				
Name				
Street				Apt. #
City	State		Zip	
Country (not required if mailed inside U.S.)				
Email Address			Phone #	
Signature*			Date	
<u>FOR OFFICE USE ONLY</u>				
Verified by:			Date:	

*Required Information