



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 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.			
Legal Name of Student (First)	(Middle)	(Last Name)	Suffix (Jr., etc.)
Address of Student (Street)			(Apt. #)
(City)		(State)	(Zip)
Daytime Phone Number		E-mail Address	
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 _____ @ \$25 ea= \$ _____ Paying by check or money order (payable to Marietta College) – Check # _____ Paying by credit or debit card, please provide the following information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card Number # _____ CVV # _____ Expiration Date _____ Cardholder Name: _____ Cardholder Address: _____ Cardholder Phone #: _____			
<input type="checkbox"/> Pick up Diploma from Records Office			
<input type="checkbox"/> Mail Diploma to:			
Name: _____			
Street: _____			Apt. #: _____
City: _____		State: _____	Zip: _____
County (not required if mailed inside U.S.): _____			
Comments (if applicable):			
Signature*		Date	
<u>FOR OFFICE USE ONLY:</u>		Verified by:	Date:

*Required Information