



# 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.**

Name of Student* (First)	(Middle)	(Former/Maiden)	(Last Name)	Suffix (Jr., etc.)
Name to be printed on diploma* (see note below)				
<b>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.</b>				
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	
<b>Number of replacement diploma(s) requested _____ @ \$25 ea= \$ _____</b> Paying by check or money order (payable to Marietta College) – Check # _____ 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 #: _____				
<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	
<b><u>FOR OFFICE USE ONLY:</u></b>		Verified by:	Date:	

\*Required Information