

215 Fifth Street Marietta, OH 45750 Phone: (740) 376-4723

Fax: (740) 760-5214 Email: records@marietta.edu

Name of Student* (First)	(Middle)	(Former/Maiden)	(Last Name)	Suffix (Jr., etc.)	
Address of Student (Street):			(Ap	t. #)	
(City)	(State)		(Zip)		
Daytime Phone Number:		Student E-mail Addr	Student E-mail Address:		
Student ID # or Last 4 digits of 9	SS # <b>*</b>	Date of Birth (Mo., D	Date of Birth (Mo., Dy., Yr.)*		
Graduation Date (Mo/Yr)	Degree(s)	Earned (BA, BS, etc.)			
□ SEND Diploma Link to the f	following email addi	ress:			
Student Signature*		D	ate:		
FOR OFFICE USE ONLY:	Verified by:	D	ate:		

\*Required Information 09/29/2025 TMS