

RHSODFHPHQW 'LSORPD 5HTXHVV

Only the graduate may request a replacement diploma. The fee for a replacement diploma is \$45.00 and is submitted electronically [here](#). Please allow \_\_\_\_\_ weeks for the replacement diploma to be mailed. ~~3 O H D F D Q G H P H R O S O I R W M K~~  
UHJLVWUDU#UWRDLOU Name at the time of GHJUHH FRPSOHWLRQ This will be the name on the replacement diploma.

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
/ \$ 6 7 ' , \* , 7 6 2 ) 6 6 1 : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_

SELECT COLLEGE: Arts & Sciences/ & R O O R H L E H S U D O V ( Q J O R W K / D W L Q Hamilton Holt School  
Patrick Air Force Base Campus Brevard Campus Crummer School of Business

Address to mail the replacement diploma

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

In order to document the replacement of a diploma, please state the reason for this request After completing the statement, please sign this form in the presence of a Notary Public.

The above statements are true and correct and I am the person named above.

Signature of Graduate \_\_\_\_\_ Date \_\_\_\_\_

**NOTARY PUBLIC:**

Sworn to and subscribed before me this \_\_\_\_\_ day

\_\_\_\_\_