



REPLACEMENT DIPLOMA REQUEST FORM

I am requesting a replacement/duplicate diploma.

Name (include middle initial): _____

Date of Birth: _____

Degree: _____

Month/Date/Year Graduated: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Graduate's Signature: _____ Date: _____

Notary Signature: _____ Date: _____

Notary Seal:

Please indicate the quantity requested:

- ___ Diploma (\$15 each)
- ___ Red Book (\$3 each)
- ___ Certification (\$2 each)
- ___ Shipping (\$9 for domestic shipping; email board@osu.edu for an international shipping quote)

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Board of Trustees office use only

Staff initials: _____ Payment type/amount: _____ Type of ID verified: _____