

Request Form for Replacement of Diploma or Diploma Cover

Please mark each with the desired quantity:

Replacement Diploma ___ @ \$12.00 each Replacement Cover ___ @ \$4.00 each

(If your original was damaged in the mail, no fee is required; damaged original must be returned.)

You may pay for a diploma or diploma cover replacement using a credit card (VISA, MasterCard, American Express, or Discover) or check payable to Illinois State University. If paying by check, you must mail your request to: Illinois State University, Academic Records, Campus Box 2202, Normal IL 61790-2202. If paying by credit card, you may fax your request to (309)438-8652 or email it to DiplomaReplacement@IllinoisState.edu.

Please note that we cannot complete your request without your payment and signature.

Name: _____

Name desired on diploma*: _____

* Name as printed on original diploma will be used unless legal documentation of name change is provided.
Please visit <http://registrar.illinoisstate.edu/graduation/diploma.shtml> for more information.*

University Identification Number:** _____

(Please include your date of birth if UID is not known)

Graduation Date: _____

Mailing Address: _____

E-mail address: _____

Telephone number (daytime): (_____) _____

Comments: _____

Signature: _____

Please allow six to eight weeks for processing and delivery.

****The University Identification Number (UID) is requested as the best and most effective way to uniquely identify you for the purpose of accurately processing and maintaining your educational records. This number is used as the student identification number and is restricted to internal University use. For any reports required by the Federal or State Government, and for the following: matching admission applications with ACT or GRE scores, matching admission status with financial aid, and for providing loan verification, we must use your social security number. For additional information or limited access of your social security number and/or UID, please notify the Office of the University Registrar, Campus Box 2202, Normal, IL 61790-2202 or (309) 438-2188.**

Please check one:
 VISA MasterCard American Express Discover
Credit Card Number: _____ **Expiration Date:** _____
-OR -
 Check Enclosed (payable to Illinois State University) **Verification Code:** _____