



DIPLOMA REPLACEMENT REQUEST

MARIETTA COLLEGE RECORDS OFFICE

PLEASE PRINT CLEARLY.

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.)
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Name to be printed on diploma* (see note below):

**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.*

Address of Student (Street):			(Apt. #)
(City)	(State)	(Zip)	
Daytime Phone Number:		Student E-mail Address:	
Student ID # or Last 4 digits of SS #*		Date of Birth (Mo., Dy., Yr.)*	
Graduation Date (Mo./Yr)	Degree(s) Earned (BA, BS, etc.)		

PRINTED PAPER DIPLOMA:

Printed diploma: Quantity _____ x \$30 = \$ _____
Expedited Paper Diploma Shipping: \$50 within continental US International (varies, call office for cost)

ceDIPLOMA (CERTIFIED ELECTRONIC DIPLOMA SENT TO GRADUATE:

ceDIPLOMA: \$30 (Degree date August 1,2021 or more recent)
Legacy ceDiploma: \$60 (Degree date prior to August 1, 2021)
ceDiploma expedited processing: add'l \$30 _____

PAYMENT INFORMATION:

Check or money order (payable to Marietta College) Check # _____ Total: _____

Credit or debit card (VISA, MasterCard, or Discover), please provide the following information:

Card Number # _____ CVV # _____ Expiration Date _____

Cardholder Name: _____

Cardholder Address: _____

Cardholder Phone #: _____

*****PLEASE NOTE: IF PAYING BY CREDIT OR DEBIT CARD, A SERVICE FEE OF 2.95% (MINIMUM \$3.00) WILL BE ADDED FOR DOMESTIC (US ISSUED CARDS) OR A SERVICE FEE OF 4.25% (MINIMUM \$3.00) WILL BE ADDED FOR INTERNATIONALLY ISSUED CARDS.**

Pick up Diploma from Records Office (ONLY AVAILABLE ON PRINTED DIPLOMAS)

SEND Diploma to:

CeDiploma email address: _____ AND/OR

Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Country (not required if mailed inside U.S.): _____

Comments (if applicable):

Student Signature* _____ Date: _____

FOR OFFICE USE ONLY: Verified by: _____ Date: _____