

DIPLOMA REPLACEMENT REQUEST

MARIETTA COLLEGE RECORDS OFFICE

PLEASE PRINT CLEARLY.

215 Fifth Street Marietta, OH 45750 Phone: (740) 376-4723 Fax: (740) 376-4729

Fax: (740) 376-4729 Email: records@marietta.edu

Name of Student* (First)	(Middle)	(Former/Maiden)	(Last Name)	Suffix (Jr., etc.)	
Name to be printed on diploma*	(see note below):				
*Note: If the name you want on y ORIGINAL copy of one of the for adoption paper, passport/perman	llowing appropriat	te legal documents: marr			
Address of Student (Street):			(Ap	ot. #)	
(City)	(State)		(Zip)		
Daytime Phone Number:		Student E-mail	Address:		
Student ID # or Last 4 digits of S	S # *	Date of Birth (M	Io., Dy., Yr.)*		
Graduation Date (Mo/Yr)	Degree(s)	Earned (BA, BS, etc.)			
PRINTED PAPER DIPLOMA: Printed diploma: Quantity Expedited Paper Diploma Ship	-	\$ ı continental US 🛭 🗆 Inte	ernational (varies, call offic	re for cost)	
ceDIPLOMA (CERTIFIED EL ceDIPLOMA: □ \$30 (Degree e Legacy ceDiploma: □ \$60 (Deg ceDiploma expedited processin	date August 1,2021 gree date prior to A	or more recent) August 1, 2021)	<u>UATE:</u>		
PAYMENT INFORMATION: Check or money order (payable Credit or debit card (VISA, MacCard Number #	asterCard, or Disco	over), please provide the CVV # Expira ARD, A SERVICE FEE OF 2.95	following information: tion Date		
☐ Pick up Diploma from Record	ds Office (ONLY A	VAILABLE ON PRINTE	D DIPLOMAS)		
☐ SEND Diploma to:					
CeDiploma e	mail address:		AND/O	R	
			,		
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:		