



Office of the Registrar
 501 College Street
 Cuthbert, GA 38940
 Office: 229-732-5962
 Fax: 229-732-5994

Replacement Diploma Request Form

Complete the information below (please print) and enclose your payment of \$45.00 made payable to Andrew College. **For legal name changes, legal documentation must be submitted with this form (copy of marriage certificate, state driver's license or other court document) in addition to notarization.** The replacement will carry the titles and signatures of current College and Board of Trustees officials.

Please allow 6-8 weeks for processing and delivery.

First Name MI Last Name Name While Enrolled at AC

Email SSN or Student ID Date of Birth

Phone Number Graduation Date (Month, Year) Name of Degree (AA, AM, AS)

Name to appear on your diploma

Reason for replacement request:

Damaged Lost Destroyed
 Never Received
 Other, please explain:

Mail diploma to:

STUDENT AUTHORIZATION (Required)

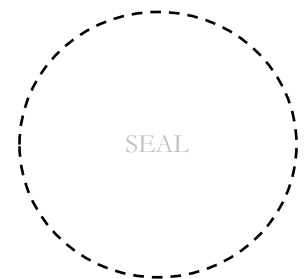
If this form is not submitted in person with legal identification, it must be signed in the presence of a notary.

Signed and attested before me in the state of _____, county of _____
 _____ on this _____ day of _____, 20____.

Commission Expiration: _____.

Notary Signature: _____ Date: _____

Student Signature: _____ Date: _____



FOR OFFICE USE ONLY:

Form Received: _____
 Degree Verified by: _____
 Date Processed/Mailed: _____

Amount Received: _____
 Check Ck. No. _____ Money Order