

All financial obligations to the university must be cleared before a replacement diploma will be released.

Please **TYPE** or **PRINT** legibly in the spaces below. If this form is not filled out completely, delays may result.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Other names used \_\_\_\_\_

Student ID Number (if unknown, use SSN) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Contact Number ( \_\_\_\_\_ ) \_\_\_\_\_

Check this box if you would like the university to update your name and mailing address with the above information.

☆ **In the space below, please enter your name exactly as you would like it to appear on your diploma:**

\_\_\_\_\_

**Student signature for release of diploma** \_\_\_\_\_ **Date** \_\_\_\_\_

**Recipient Information:** (Please choose only one of the following)

**In-person pick up.**

**I am currently unable to personally pick up my replacement diploma.** I hereby authorize

\_\_\_\_\_ to pick up this diploma on my behalf.  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**Please mail** to the address I entered above.

**Payment Information**

**\$20 fee per replacement copy of diploma: pick up or mailed.**

Number of copies \_\_\_\_\_ x \$20 = \_\_\_\_\_

\_\_\_\_\_ **Check or Money Order (enclosed)** \_\_\_\_\_ **Credit Card:**  **Visa**  **Mastercard**  **Discover**

Account Number \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-digit Security Code (located on the back of the card) \_\_\_\_\_

Name of Cardholder (as it appears on the card) \_\_\_\_\_

Card Holder's Mailing Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Signature of cardholder (if different than student)** \_\_\_\_\_

**If Faxing:**

Fax to: 740-351-3435

Attn: Student Business Center

Use MasterCard, Visa, Discover

**If Mailing:** Shawnee State University

Attn: Student Business Center

940 Second Street

Portsmouth, OH 45662