



REPLACEMENT DIPLOMA REQUEST

FULL NAME WHILE ATTENDING FLAGLER COLLEGE:

Last *First* *Middle or Maiden*

Full name to appear on replacement diploma (inclusive of accent mark, spaces, capitalizations, etc.)

NAME: _____
<i>First</i> <i>Middle or Maiden</i> <i>Last</i>

DATES OF ATTENDANCE: _____ GRADUATED: _____

From Year *To Year* *MM / DD / YEAR*

SSN: _____ - _____ - _____ DATE OF BIRTH: _____

MM / DD / YEAR

Address to which the replacement diploma will be sent

NAME: _____
<i>First</i> <i>Middle or Maiden</i> <i>Last</i>
ADDRESS: _____
<i>Street</i>

<i>City</i> <i>State</i> <i>Zip</i>

Your Current Information:

ADDRESS: _____
<i>Street</i>

<i>City</i> <i>State</i> <i>Zip</i>
EMAIL: _____ Phone: (_____) _____

SIGNATURE: _____ DATE: _____

MM / DD / YEAR

COST: \$50.00 per replacement diploma requested – (check or money order made payable to Flagler College)

Requests & payments must be sent to:

FLAGLER COLLEGE
Office of the Registrar
444 Appleyard Drive
Tallahassee, FL 32304