



Duplicate Diploma Request Form

Office of the Registrar
600 Lincoln Ave
Charleston, IL 61920

Phone: 217-581-3511
Fax: 217-581-3412

E-Number: _____
(If unknown, leave blank)

A copy of a Photo ID is Required.

Name (Last, First, Middle): _____

Phone number: _____ Email address: _____

Alternate Last Name(s) (Ex. Maiden): _____

Date of Birth (MM/DD/YYYY): _____

Degree/Major: _____

How would you like your name to appear on your diploma?

Where would you like your diploma sent?

There is a \$25 fee for duplicate diplomas. How would you like to pay?

<input type="checkbox"/> Cash	<input type="checkbox"/> Check/Money Order	<input type="checkbox"/> Credit/Debit Card
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_____	_____/_____ Exp. Date (MO/YR)
Credit/Debit Card Number	

Signature of Card Holder (If the student is not the card holder)	

Duplicate Diploma requests are normally processed within 3 – 5 business days.

Student's Signature: _____