

# ANTIOCH UNIVERSITY

## REPLACEMENT DIPLOMA REQUEST FORM

List the campus that you attended: \_\_\_\_\_

Your full name (as in our records): \_\_\_\_\_

Daytime phone number (for processing questions): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your mailing address: \_\_\_\_\_

\_\_\_\_\_

Your SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

**The cost of each replacement diploma is \$30. By signing this agreement, you acknowledge and authorize the Antioch University Office of Records Administration to process your request based on the payment information provided below.**

\_\_\_\_\_

Signature **(required)** \_\_\_\_\_ Date \_\_\_\_\_

Number of replacement diplomas \_\_\_\_\_ X 30.00 ea. \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Method of Payment:

\_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ Check

(Please allow additional time if paying by check.)

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digit V Code: \_\_\_\_\_ (on back of your card)

Mail or fax this form to: Antioch University  
Office of Records Administration  
900 Dayton Street  
Yellow Springs, OH 45387

Fax: 937.769.1354