

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

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