



## REPLACEMENT DIPLOMA REQUEST FORM

Name on Antioch Record \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (for processing questions) \_\_\_\_\_

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

SSN or Student ID \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Degree Award Date \_\_\_\_\_ Campus attended \_\_\_\_\_

Name to appear on diploma \_\_\_\_\_

	Number of Diploma copies requested X \$30 each	= \$
	Total	= \$

**By signing this agreement, you acknowledge and authorize Antioch University Office of Records Administration to process your request based on the payment information provided below.**

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

Name on Card \_\_\_\_\_

Credit Card Payment \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_

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

Expiration Date (mm/yy) \_\_\_\_\_/\_\_\_\_\_ CVV Code \_\_\_\_\_ (3 digit security code on back of card)

Payment by credit card	Send completed (signed and dated) request form to Email: <a href="mailto:records@antioch.edu">records@antioch.edu</a> Fax: (937) 769-1354
Payment by check, money order, or cashier's check made payable to 'Antioch University'	Send payment and completed (signed and dated) request form to :  Antioch University Office of Records Administration 900 Dayton Street Yellow Springs, OH 45387

Processing time is approximately one week from receipt by the Office of Records Administration (this does not include mailing time).