



REPLACEMENT DIPLOMA REQUEST FORM

Name on Antioch Record _____

Street _____

City _____ State _____ Zip Code _____

Phone Number (for processing questions) _____

E-mail address _____

SSN (last 4 digits) 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: records@antioch.edu 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).