

Replacement Diploma Order Form

Please print and complete form below. Send, along with \$29 fee, to the Commencement Office at:

**Miami University
Commencement Office
301 S. Campus Avenue
Oxford, OH 45056**

NAME ON ORIGINAL DIPLOMA _____

ID# (SS# or Banner ID#) _____

DEGREE _____

DEGREE DATE _____

HONORS AWARDED (if applicable) _____

APPROXIMATE DATES OF ATTENDANCE _____

PHONE NUMBER (daytime) _____

ADDRESS _____

(Allow 6 to 8
weeks
following
request)

Notarized Statement for Replacement Diploma/Change of Name:

Please check one of the following:

- _____ a. My original diploma was lost.
- _____ b. My original diploma was destroyed. (Please return remains of original diploma.)
- _____ c. My original diploma was never received.
- _____ d. My name has been legally changed, and I am requesting that my name be changed on the diploma.
(Please return original diploma)

_____ to _____
Name on original diploma Name to be printed on new diploma

I, _____, hereby request a replacement diploma
and attest that the above information is accurate.

Signature: _____

Signed by and subscribed in my presence this _____ day of _____ 20_____

Signature of Notary Public

Commission Expiration Date

For Registrar's Office Use Only:

Date Received: _____ Check No: _____ Amount Enclosed: _____