



Office of the Registrar
501 College Street
Cuthbert, GA 38940
Office: 229-732-5962
Fax: 229-732-5994

Replacement Diploma Request Form

Complete the information below (please print) and enclose your payment of \$45.00 made payable to Andrew College. **For legal name changes, legal documentation must be submitted with this form (copy of marriage certificate, state driver's license or other court document) in addition to notarization.** The replacement will carry the titles and signatures of current College and Board of Trustees officials.

Please allow 6-8 weeks for processing and delivery.

First Name

MI

Last Name

Name While Enrolled at AC

Email

SSN or Student ID

Date of Birth

Phone Number

Graduation Date (Month, Year)

Name of Degree (AA, AM, AS)

Name to appear on your diploma

Reason for replacement request:

- Damaged Lost Destroyed
 Never Received
 Other, please explain:

Mail diploma to:

STUDENT AUTHORIZATION (Required)

If this form is not submitted in person with legal identification, it must be signed in the presence of a notary.

Signed and attested before me in the state of _____, county of _____

_____ on this _____ day of _____, 20 _____.
Commission Expiration: _____.

Notary Signature: _____ Date: _____

Student Signature: _____ Date: _____

SEAL

FOR OFFICE USE ONLY:

Form Received: _____

Degree Verified by: _____

Date Processed/Mailed: _____

Amount Received: _____

Check Ck. No. _____

Money Order