## WISCONSIN LUTHERAN COLLEGE

DIPLOMA REPLACEMENT FORM

| LAST NAME                                     | FIRST NAME    | ID# or SOCIAL SECURITY NUMBER |  |
|---|---------------|-------------------------------|--|
|   |               |                               |  |
| EMAIL ADDRESS                                 | PHONE NUMBER  | DATE OF BIRTH                 |  |
|   |               |                               |  |
| GRADUATION DATE                               | DEGREE EARNED |                               |  |
|   |               |                               |  |
| NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA |               |                               |  |

**NOTE: The name on your diploma must include your legal first and last name.** If the name you want on your diploma does not match the name on your official academic record, you must ALSO submit one of the following legal documents: marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or social security card.

| MAIL MY DIPLOMA TO:            |       |                |     |
|--------------------------------|-------|----------------|-----|
|                                |       |                |     |
| NAME (IF DIFFERENT THAN ABOVE) |       | STREET ADDRESS |     |
|                                |       |                |     |
| CITY                           | STATE |                | ZIP |
|                                |       |                |     |

- 1. The charge for a replacement diploma is \$15.00. Wisconsin Lutheran College cannot accept credit or debit cards for payment. <u>Make a check or money order payable to:</u> Wisconsin Lutheran College.
- 2. Submit this completed form and payment to: Wisconsin Lutheran College Office of the Registrar 8800 W Bluemound Road Milwaukee, WI 53226
- 3. The requested duplicate/replacement diploma will be mailed to the requested address in 3-4 weeks from receipt of the request form.
- 4. I am requesting a replacement diploma from Wisconsin Lutheran College. I understand that this replacement diploma may not have the original signatures. I request that a duplicate/replacement diploma be sent to the address above and have included payment with this form.

PRINT STUDENT NAME

STUDENT SIGNATURE

DATE

DATE APPROVED BY REGISTRAR'S OFFICE: