JOHN CARROLL UNIVERSITY REPLACEMENT DIPLOMA REQUEST FORM

Print this page, complete all information, and mail with payment to:

John Carroll University

Office of the Registrar

1 John Carroll Blvd.

University Heights, OH 44118

OFFICE USE ONLY:	
Amount Due:	
Amount Paid:	

Acceptable forms of payment: cash or check Checks can be made payable to **John Carroll University**

STUDENT INFORMATION	
Student ID or SSN:	Date of Birth:
Name:	Former Name (If applicable):
Address:	
City, State, Zip:	Please update school records to reflect this address
Email Address:	
Cell Phone Number:	 _
REPLACEMENT DIPLOMA INFO:	
Please choose one option:	Diploma Name (as you would like it to appear):
O Diploma only, \$20 fee	
O Diploma with notary, \$30 fee For international employment purposes	Send replacement diploma to:
O Diploma with cover, \$45 fee	Sena replacement diploma to.
	Name:
Date of Graduation:	Address:
Degree Earned:	City, State, Zip:
SIGNATURE AND DATE:	
Diplomas are a ceremonial document ind request a transcript.	licating the degree a student earned. The official way to prove degree conferral is to
· · · · · · · · · · · · · · · · · · ·	th the signatures of University officials from the time of graduation, if available. If placements will be printed with the signatures of current University officials.
Orders are typically fulfilled within 1-2 we	eeks after payment is received.
Signature:	DATE: