Edgewood College
Edgewood Central- DeRicci 210
ECentral@edgewood.edu
(P)608-663-4300 (F)608-663-3495

NAME: _____

ID #: _____

DIPLOMA REORDER

_____ _____
PREVIOUS NAME(S) *GRADUATION DATE*

_____
DEGREE RECEIVED

_____
REASON FOR REQUEST

Please PRINT your name exactly as you wish it to appear on your diploma:

_____ _____ _____
FIRST *MIDDLE* *LAST*

Please mail my diploma to the following address: _____

_____

_____

_____

Fees: ☐ Diploma- $30.00

☐ Diploma cover- $15.00

The Registrar must approve this request. There is a 1-2 week processing and printing period and payment must be remitted with this form (refunded in the event that your request is denied).

Due to the Family Rights and Privacy Act of 1974, your <u>student signature</u> is required for reorder and release of diplomas.

_____ _____ _____ _____
STUDENT SIGNATURE *DATE* *REGISTRAR APPROVAL* *DATE*

Please return completed form to the address below.

FOR OFFICE USE ONLY

DATE RECEIVED:	_____	DIPLOMA HOLD:	_____
PAID:	_____	DATE SENT:	_____

Submit to:

Edgewood College . Edgewood Central . 210 DeRicci Hall . 1000 Edgewood College Drive . Madison, WI 53711
ECentral@edgewood.edu . Phone: (608) 663-4300 . Fax: (608) 663-3495