

## Office of the University Registrar

Request for Replacement Diploma Certificate

Year of Graduation:	Degree:	School/De	ept:
Name under which your diplo	ma was issued:		
Reason for replacement:			
	d replacements are needed for each, please fill out one forr e to reflect a new legal name on the replacement diploma o		visit our <mark>Name Change page</mark> .
Please provide your <u>curren</u>	mailing address:		
First Name:	Last Name:	P	Phone:
7 Digit Case ID or Network ID	or Last 4 of SSN:	Email:	
Address:			
l certify that a	ll information contained abov	e is accurate to the best o	of my knowledge.
**Signature:**		Date:	

			-

## Please indicate delivery type:

USA Delivery	International Delivery	*If requesting multiple copies,
○ 3 weeks, \$50 (standard)	○ 3 weeks, \$80 (standard)	please submit separate forms for each certificate.
2-3 Days, \$100 (expedited)	🔿 3-5 Days, \$130 (expedited)	

## Please indicate method of payment:

Cash Please do not mail cash. This is only accepted in person. Check Make checks payable Western Reserve Univ		○ MasterCard	ODiscover		
Credit Card #:	CCV#:	Exp. Date:			
I,					
Signature of Cardholder:					
Billing Address:					

Please print and sign, then mail, fax or deliver this form and payment to the Office of the University Registrar. If submitting a name change request, please submit all required documentation and replacement diploma form at the same time. Questions can be directed to <u>diploma@case.edu</u>, however email attachments are not accepted. Please note that Replacement Diploma Certificates cannot be published if there is a financial hold and/or other administrative holds related to the account.

-or-

Fax to: (216) 368-8711

Mail to : Office of the University Registrar Yost Hall Room 135 10900 Euclid Avenue Cleveland, OH 44106-7042