

REPLACEMENT DIPLOMA REQUEST

NAME _____

NAME WHEN ATTENDED, IF DIFFERENT _____

HOME ADDRESS _____

City

State

Zip

PHONE _____ EMAIL _____

SOCIAL SECURITY NUMBER _____

DATE/YEAR GRADUATED _____

MAJOR _____

DATE OF REQUEST _____

SIGNATURE _____

COMPLETE LEGIBLE NAME AND ADDRESS OF RECEIVER:

ALDERSON BROADDUS UNIVERSITY OFFICE OF THE REGISTRAR

BOX 2065, 101 COLLEGE HILL DRIVE, PHILIPPI, WV 26416

FAX # 304-457-6464

EMAIL reg@ab.edu

DIPLOMA REPLACEMENT FEE: \$25.00 EACH

Diploma Payment – may pay with cash, check, or credit card. If you prefer to give credit card information over the phone, please call 304-457-6227.

**As of July 15, 2016, a 2.75% transaction fee will be applied to credit card payments.

Name of Credit Card Holder _____

Address _____

Phone # of Credit Card Holder _____

Credit Card Number _____

Credit Card Expiration Date _____ CID# _____

Cardholder Signature _____

OFFICE USE ONLY

Date Received _____

Amount Paid _____

Clearance: BO _____ Perkins _____

FA _____ Registrar _____

Date Sent _____

Sent By _____