

## **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](mailto: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.

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 \_\_\_\_\_