



Duplicate Diploma Request Form

Office of the Registrar
600 Lincoln Ave
Charleston, IL 61920

Phone: 217-581-3511

E-Number: _____ (If unknown, leave blank)

Name (Last, First, Middle): _____

Phone number: _____ Email address: _____

Alternate Last Name(s) (Ex. Maiden): _____

Date of Birth (MM/DD/YYYY): _____

Degree/Major: _____

How would you like your name to appear on your diploma?

Where would you like your diploma sent?

There is a \$25 fee for duplicate diplomas. How would you like to pay?

<input type="checkbox"/> Cash <input type="checkbox"/> Check/Money Order
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Duplicate Diploma requests are processed once a month.

Student's Signature: _____