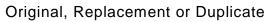
OFFICE OF ACADEMIC RECORDS

## Request for Diploma Form





4150 Administration Drive, Berrien Springs, MI 49104-0800 diplomas@andrews.edu **Phone:** 269-471-3443 **Fax:** 269-471-6001

Please Check the Box for t	the Type of Diploma				
<ul> <li>□ Original Diploma (Not previously red</li> <li>□ Replacement or Duplicate diploma (</li> <li>□ Apostille Seal &amp; Notarized Copy (Feb.)</li> </ul>	(Fee Required).	his process:			
You must be financially cleared Delivery time is estimated 4-6 w			dent on domestic or	r international mail.	
►The diploma replacement is an exact cop	by of the original diploma which is a	historical document	Therefore, name chan	ges cannot be made.	
Checklist					
☐ <b>Financial Clearance</b> . Call 269-471-	3334 or visit Student Financial S	Services www.andr	ews.edu/SF.		
$\hfill\Box$ Signed requests should be emailed	* or scanned/faxed to Academic	Records: 269-471-	6001. *Do not email form	if paying by credit card.*	
☐ <b>Mandatory ID.</b> Attach a copy of a go	overnment-issued ID such as a p	passport, driver's lic	ense or birth certificate	e. (Required)	
☐ US \$50 mandatory fee for Replace below - diploma payments CANNO				ent Information	
□ \$10 Diploma Cover (optional)					
Name:			Birthdate:	/ /	
First	Last		Month	Day Year	
Andrews ID (if known):					
Phone Number:	Number: Email Address/Alternate Phone Number:				
MAIL TO ADDRESS:					
City	State 2	Zip/Postal Code	Country	,	
Month/Year of Graduation:	Degr	ee Awarded:			
		Do not email this	form if it contains credit ca	rd information.	
		PAYMENT INFORMATION			
REQUIRED Signature:		_ □ Cash □	Check TOTA	۸L:	
PICK UP INFO (optional)			MC □ Discover □	Am. Exp.	
☐ Check to Authorize					
Pick-up Name:					
		Exp:	/	CVV#:	
Pick-up Signature:		_			
		Cardholder's S	ignature		

Cardholder's Name (please print)