

# Request for Diploma Form

## Original, Replacement or Duplicate

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

Please Check the Box for the Type of Diploma

- Original Diploma *(Not previously received)*
- Replacement or Duplicate diploma **(Fee Required)**.
- Apostille Seal & Notarized Copy **(Fee Required)**: Country to be sent to: \_\_\_\_\_

*You must be financially cleared to receive your original diploma.  
 Delivery time is estimated 4-6 weeks after receipt of the request & is dependent on domestic or international mail.*

►The diploma replacement is an exact copy of the original diploma which is a historical document. **Therefore, name changes cannot be made.**

.....Checklist

- Financial Clearance.** Call 269-471-3334 or visit Student Financial Services [www.andrews.edu/SF](http://www.andrews.edu/SF).
- Signed** requests should be emailed\* or scanned/faxed to Academic Records: 269-471-6001. \*Do not email form if paying by credit card.\*
- Mandatory ID.** Attach a copy of a government-issued ID such as a passport, driver's license or birth certificate. (Required)
- US \$50 mandatory fee for Replacements, Duplicates or Apostille Seal & Notarized Copy (Fill out Payment Information below - diploma payments CANNOT be processed through your student account.)**
- \$10 Diploma Cover *(optional)*

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First Last Month Day Year

Andrews ID *(if known)*: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address/Alternate Phone Number: \_\_\_\_\_

**MAIL TO ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ City State Zip/Postal Code Country

**Month/Year of Graduation:** \_\_\_\_\_ **Degree Awarded:** \_\_\_\_\_

**REQUIRED Signature:** \_\_\_\_\_

**PICK UP INFO** *(optional)*

Check to Authorize

Pick-up Name: \_\_\_\_\_

Pick-up Signature: \_\_\_\_\_

*(on receipt)* Pick-up Date: \_\_\_\_\_

Do not email this form if it contains credit card information.

**PAYMENT INFORMATION**

Cash  Check **TOTAL:** \_\_\_\_\_

Visa  MC  Discover  Am. Exp.

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Exp: \_\_\_\_\_ / \_\_\_\_\_ CVV#: \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_