OFFICE OF ACADEMIC RECORDS

Request for Diploma Form

Original, Replacement or Duplicate

Andrews University

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 *(Original is lost, damaged or destroyed.* ***Fee Required)****.* Reason lost: _____
☐ Duplicate ***(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▶ The diploma replacement is an exact copy of the original diploma which is a historical document.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.**

▶ Replacement diplomas have "Replacement of Original" printed at the bottom. **This is not optional.**

▶ Duplicate diplomas have "Duplicate Copy" printed at the bottom. **This is not optional.**

Checklist

☐ **Financial Clearance**. Call 269-471-3334 or visit Student Financial Services ***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)***

☐ $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.

Exp: _____/_____ CVV#: _____

_____
Cardholder's Signature

_____