

# REPLACEMENT DIPLOMA REQUEST



Please allow 2 weeks for processing and delivery. Please email (as an attachment) to **enrollmentservices@ltu.edu**, or fax to 248-204-2228, or mail/bring the completed form to Lawrence Technological University- Enrollment Services: 21000 West Ten Mile Road, Southfield, MI 48075

- Duplicate **Diploma** Fee: \$40
- Duplicate **Certificate** Fee: \$20

## DEGREE INFORMATION

Degree Received and Number of Copies Requested (Please enter number of copies in box)

Certificate of: \_\_\_\_\_       Associate of: \_\_\_\_\_  
 Bachelor of: \_\_\_\_\_       Masters of: \_\_\_\_\_  
 Doctor of: \_\_\_\_\_  
 Term and Year of Graduation:    Fall \_\_\_\_\_    Spring \_\_\_\_\_    Summer \_\_\_\_\_

## STUDENT INFORMATION

Name (As it should appear on the replacement diploma):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Former/Maiden Name: If you attended LTU under a former/maiden name and wish to have your duplicate diploma reflect your new name, legal documentation is required and should be submitted with this form. (Ex. Copy of a Marriage license, divorce papers or adoption papers).

Student ID Number (if known): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address\*\*: Street \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**\*\*Your address will be updated in our system to the one provided on this form.**

\_\_\_\_\_  
 Student Signature (Handwritten Signature Required)      Date

## DELIVERY METHOD

- I would like to pick up the diploma at the One Stop Center for Enrollment Services located in the Taubman Building.  
 Please mail this diploma to my current address as indicated above. (Diplomas are sent regular U.S. Postal mail).  
 Please mail this diploma to the address indicated below:

Name \_\_\_\_\_  
 Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

<u>AUTHORIZATION AND PAYMENT</u>	<u>BILLING ADDRESS AND SIGNATURE</u> (required if card is not present)
<input type="radio"/> Check enclosed <input type="radio"/> Visa <input type="radio"/> MasterCard <input type="radio"/> Discover <input type="radio"/> American Express  _____ <b>Credit Card Number</b> <b>Exp.Date</b>  Amount authorized to be charged \$ _____	_____ <b>Billing Address</b> <b>Zip Code</b>  _____ <b>Signature of credit card holder</b> <b>Date</b>
<p><i>Office Use Only</i></p> <p>Charges Processed: Date: _____ Initials: _____      Diploma Processed/Mailed: Date: _____ Initials: _____</p>	