

CASE WESTERN RESERVE UNIVERSITY
Office of the University Registrar
Request for Replacement Diploma Certificate

Please provide the following information:

<hr/> Year of Graduation	<hr/> Degree	<hr/> School/Department
<hr/> Name under which your diploma was issued	<hr/> ID#/SSN	<hr/> Birth Date
<hr/> Reason for Replacement		

Please provide your current mailing information:

Name _____

Street Address _____

<hr/> City	<hr/> State/Province	<hr/> Country	<hr/> Zip/Postal Code
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Email Address _____ Daytime Phone Number _____

There is a \$50.00 charge for replacement diplomas. Please allow 4-6 weeks for processing.

Method of Payment

CASH CHECK VISA MASTERCARD (VISA and MasterCard are the only credit cards accepted.)

Credit card number: _____ CVV# _____ Exp. date: _____

Signature of cardholder: _____

Billing Street Address & Zip Code: _____

If using a credit card, you may fax your request to: (216) 368-8711. Do not mail cash.

Return payment along with this form to:

Office of the University Registrar
110 Yost Hall
10900 Euclid Avenue
Cleveland, OH 44106-7042

I certify that all information contained above is correct and accurate to the best of my knowledge.

Signature

Date

FOR OFFICE USE ONLY:

Hold:	Name: _____	Degree: _____
Payment:	School: _____	Date: _____