



REPLACEMENT DIPLOMA REQUEST FORM

Registrar's Office • PO Box 6299 • Lafayette IN 47903-6299
888-IVY-LINE (888-489-5463) • FAX: 765-269-5280

Please Note: Requests for replacement diplomas may take up to 4-6 weeks to complete. All financial obligations to the college must be paid before any diplomas or transcript(s) will be released.

Name and Contact Information (Please print or type clearly)

Name: _____
LAST NAME* FIRST NAME MI
*At your last attendance. Your name will be printed exactly as it appears in our system

Address: _____
Number and Street City State Zip

Email Address: _____ Home Phone: _____

Student ID# OR last four of SSN _____ Birthdate: _____
mm/dd/yyyy

Did you attend before the Fall of 1990? YES NO

Reason for replacement request: _____

Replacement Diploma Order (There is a \$10 replacement fee that must be included with your request.)

Please Check Degree Type: AS AA AAS AGS TC CT

Major: _____ Month/Year of Graduation: _____

The Family Educational Rights to Privacy Act of 1974 prohibits the release of a student's confidential information to a third party without that student's written consent.

Student Signature: _____ Date: _____

Delivery Information for Replacement Diploma

Name: _____

Mailing Address: _____
Number and Street City State Zip

Make checks payable to Ivy Tech Community College or include credit card info:

METHOD OF PAYMENT (PAYMENT MUST BE RECEIVED IN FULL PRIOR TO RELEASE OF DIPLOMA)

Cash Amount _____ Check Amount _____ Check # _____
 Credit Card # _____ Expiration Date _____

Three-digit Security Number (from back of card) _____

Card Type: MC Visa Discover Authorized Signature _____

FOR OFFICE USE ONLY

Date Paid: _____ Date Ordered: _____ Processed by: _____