



**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: \_\_\_\_\_