



DIPLOMA RE-ORDER REQUEST FORM

Augustana College □ Office of the Registrar
2001 S Summit Ave □ Sioux Falls, SD 57197 □ Fax 605-274-4450*

*Faxed requests must include credit card information, below.

**The diploma re-order is due in advance, payable to Augustana College, Office of the Registrar.
The fee for a replacement diploma is \$40. The fee for a replacement cover is \$10.**

Name: _____
(Please print) Last First Middle Maiden

Address: _____
Mailing Address/P.O. Box Number Apt. No. City State Zip Code

ID or SSN Number: _____ Date of birth: _____ Phone #: () -

Degree(s) received: BA _____ MA _____ Other _____

Month/Year: _____ Honors:(ex.CumLaude) _____

Presidential signatures for the diploma include Ralph Wagoner ('93-'00), Bruce Halverson ('00-'06), Robert Oliver (All other dates).

***** If there are any holds on your record, a diploma will not be issued until all holds are cleared. *****

SPECIFIC DIRECTIONS

Name exactly as you want it to appear on your diploma: _____

I would like a diploma cover: YES _____ NO _____ (There is an additional \$10 fee for the cover)
(Please note, the diplomas are now 8 1/2 x 11)

CREDIT CARD INFORMATION (if paying by credit card) (If paying by check, make the check payable to Augustana College.)

Card Number: _____ MasterCard _____ VISA _____ Discover _____

Cardholder's name: _____ **Expiration date:** ____/____/____ Amount to be charged: \$ _____

Cardholder's address: _____

DIPLOMA MAILING INFORMATION

(Note: Diplomas are mailed to the address exactly as requested. Please print name and address, or write SAME if same as above address.)

Name _____

Address _____

SIGNATURE (required):

Signature: _____ Date: _____

Office use only:

Payment received/processed: _____ Student ID Number: _____ Verify Degree date: ____/____/____ Honors: _____