



Diploma Replacement Request Form

Complete the form below, using the name under which you were registered as a student. Include your first name, middle name, or middle initial and last name.

Fax or Email this form to the Office of the Registrar with credit card information below **OR** Mail this form with a check or money order for \$25 payable to Colorado College.

Please note: Reissued diplomas are printed with the names of the current President and Dean.

<p>Name (as it appeared on original diploma):</p> <p>_____</p> <p>_____</p> <p>6-Digit CC ID #: _____</p> <p>Date of Birth: _____</p> <p>Year Degree was Awarded: _____</p> <p>Degree Received (B.A. or M.A.T.): _____</p> <p>If you graduated with Latin Honors, please specify the type of Honors:</p> <p>_____</p> <p>_____</p>	<p>Mail Diploma to: (Current Name):</p> <p>_____</p> <p>_____</p> <p>Current Mailing Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Phone Number: _____</p> <p>E-mail Address: _____</p>
<p>Payment Method:</p> <p><input type="checkbox"/> Visa/MC #</p> <p>Credit Card #</p> <p>_____/_____/_____/_____</p> <p>Expiration Date: ____/____</p> <p>Name as it appears on Credit Card (Please Print):</p> <p>_____</p> <p><input type="checkbox"/> Check</p> <p><input type="checkbox"/> Money order</p>	<p>Mail To:</p> <p>Colorado College Office of the Registrar 14 E. Cache la Poudre Colorado Springs, CO 80903</p> <p>Fax To:</p> <p>719.389.6931</p> <p>Email To:</p> <p>registrar@coloradocollege.edu</p>

In compliance with the Family Educational Rights and Privacy Act of 1974, copies of my diploma will not be released to a third party with the student's written consent. I hereby authorize the release of my diploma. I understand that reissued diplomas cannot be issued if a financial hold exists on my account.

_____/_____
Student Signature / **Date**