

DIPLOMA REPLACEMENT REQUEST

Tennessee Temple University - Records Office
1815 Union Avenue

Chattanooga, TN 37404

Ph. 423-493-4200 Fax. 423-493-4497 Email: Records@tntemple.edu

For Office Use Only

INSTRUCTIONS TO THE STUDENT

1. All outstanding financial obligations to the school must be cleared and diploma replacement fees paid before a diploma may be issued.
2. The completed form may be mailed, faxed or scanned and emailed.

****PLEASE PRINT****

Student Information:

Full Name _____
First Middle Last Maiden

Other names by which you have been known: _____

Current Address _____
Street Apt City State Zip

Birthdate _____ E-mail Address _____

SSN# _____ - _____ - _____ Phone Number _____

Signature (Required) _____ Date _____

If we cannot determine how the name was entered on the diploma when it was originally issued, it will be entered as first, middle, last name or as given in the graduation program.

<u>Quantity</u>	<u>Year</u>	<u>Degree</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Initials of Person
Taking Request

Amount/Type of Payment
Received

Date Request
Posted

Initials of Person
Processing Request

Date Mailed or
Picked Up

Date Notified

Business Office
Approval Date/Initials

DIPLOMA - MAILED USPS OR PICKED UP IN THE RECORDS OFFICE - (\$25.00 each)

INCLUDE DIPLOMA COVER – (\$25.00 each) [Covers are optional. We have a limited supply of covers on hand. If unavailable, we will notify you and you will not be charged for the cover.]

MAIL DIPLOMA TO:

Name _____

Address _____

City _____ State _____ Zip _____

I WILL PICK UP THE DIPLOMA ON: _____

PRIORITY PROCESSING FEE - (\$5.00 additional to diploma replacement fee)
(Normal processing is 10 days maximum. With Priority Processing, diplomas will be processed and mailed within 5 business days maximum. Only one priority fee is necessary.)

OVERNIGHT SHIPPING FEE (Requires Priority Processing. Shipping fee varies by destination. Please call the Records Office.)

INTERNATIONAL SHIPPING FEE (Fee varies by country. Please call the Records Office.)

Payment by:

Cash \$ _____

Check \$ _____ (Payable to TTU) Check # _____

Credit or Debit Card:

Visa MasterCard Discover Card

Name on Card _____

Card Number # _____

Expiration date _____ 3-Digit code/Last # back of the card _____

Total Amount \$ _____ Signature (Required) _____