



Office of the Registrar
 300 Washington Avenue • Chestertown, MD 21620
 PHONE 410-778-7299 • FAX 410-810-7159
 EMAIL registrar@washcoll.edu
 WEB registrar.washcoll.edu

Replacement Diploma Request Form

Instructions:

Complete and submit this form to the Registrar's Office. The cost of a replacement diploma is \$35.00 (check or money order). Payment must accompany the request form. **Please note:** It may take several months to secure all of the required signatures.

Graduate Information

Maiden or last name used while student	First Name	MI	Date of Birth
Year of graduation	Degree (BA, BS, or MA)	Major	
Full name as you wish it to appear on the diploma			

Mail Replacement Diploma to:

Name		
Street		
City	State	Zip Code

Required Signature

Graduate Signature	Date

FOR OFFICE USE ONLY		
Date received: _____	Date Completed: _____	<input type="checkbox"/> Copy to Registrar's Office

