



**DUPLICATE DIPLOMA REQUEST**

USE THIS FORM TO REQUEST A DUPLICATE OF YOUR DIPLOMA FROM THE REGISTRAR'S OFFICE

**DUPLICATE DIPLOMA ORDER INFORMATION:**

- The charge for the duplicate diploma is \$35, and if you would like a diploma cover, that charge is \$10 (the cover is optional). Payment must accompany this form, and all checks should be made payable to Taylor University.
- Your diploma will usually bear the signatures of the present administration.
- The diploma will be ordered using the name on the original diploma unless legal documentation is sent authorizing the name change.
- Please provide all of the following information.

**STUDENT INFORMATION:**

Current Legal Name (Print) \_\_\_\_\_  
Last First Middle

Duplicate Diploma Name (Print) \_\_\_\_\_  
Last First Middle

Original Diploma Name (Print) \_\_\_\_\_  
Last First Middle

Taylor ID \_\_\_\_\_ Graduation Date \_\_\_\_\_ Degree(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Daytime Phone \_\_\_\_\_ SSN \_\_\_\_\_

**NAME CHANGE INFORMATION:** *A copy of your social security card or certified copy of the legal document authorizing the name change must accompany this form.*

Authorized new name \_\_\_\_\_

Current name on file \_\_\_\_\_

Reason for name change:  Marriage  Divorce  Adoption  Court Order  
 Other \_\_\_\_\_

**CURRENT MAILING ADDRESS:**

Street Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**REASON FOR DIPLOMA REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

**VALIDATION OF REQUEST:**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return form and payment to:**  
Taylor University  
Attn: Registrar's Office  
236 West Reade Avenue  
Upland, IN 46989