



Oakland City University

DIPLOMA REPLACEMENT FORM

Academic Affairs Office

Complete this form and sign below. Please print clearly.

Legal Name of Student (First)				(Middle)	(Last)	(Jr., etc.)
Student ID #	Social Security Number		Did you attend OCU prior to 1985?			
Graduation Date	Degree Earned (Bachelors, Associate, Masters, Doctorate)		Honors (Cum Laude, Magna Cum Laude, Summa Cum Laude)	Program (Arts & Science, Business, Education, etc.)		
Name as you wish it to appear on your diploma (indicate hyphens, middle name or middle initials, accents, or capitalization)						

MAIL MY DIPLOMA TO:	
Name	
Street (no post office box)	
City	State Zip
Country (not required if mailed inside U.S.)	<input type="checkbox"/> Please update my OCU permanent mailing address to the address listed above.
Number of replacement diploma(s) requested _____ @ \$50.00 each = \$ _____	

Student's Signature _____ Date _____

Email _____ Phone _____

Please return this form with a check or money order (payable to Oakland City University) in U.S. funds to:

<p>Oakland City University Registrar 138 N. Lucretia Street Oakland City, IN 47660</p>
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