



Member of



Records Office
120 White Bridge Road
Nashville, TN 37209
Office: 615-353-3218
Fax: 615-353-3302

REQUEST FOR REPLACEMENT DIPLOMA

Date: _____ Student ID: _____

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone: _____ E-mail: _____

Delivery method (please check one): mail _____ student pick-up _____

Degree: _____ Major: _____

Concentration: _____ Graduation year: _____

Name as it appears on Diploma: _____

Signature: _____

Replacement Diploma Fee: \$15.00

Return this form to the Records office after fees have been paid to the Bursar's Office.
Bursar's office signature is required prior to processing.
Replacement diploma processing may take 24-48 hours.

(Bursar's Office Signature) Date: _____ Amount: _____

Records Office Use Only:

Processed by: _____ Date: _____