



EASTERN CONNECTICUT STATE UNIVERSITY
REGISTRAR'S OFFICE

Request to Order Replacement Diploma

Name: _____

Name at Time of Graduation (If Different): _____

Eastern ID # or Last Four Digits of SSN: _____

Year Graduated from Eastern: _____

Degree(s) Awarded: _____

Current E-Mail Address: _____

Current Phone Number: _____

Address to Send Replacement Diploma: _____

There is a \$25.00 fee for a replacement diploma. Please include a check made out to "ECSU" when submitting this form to the Office of The Registrar. Replacement diplomas will normally be available upon request within two weeks of receipt of this form and payment.

Student Signature: _____

Date: _____

For Office Use Only:

Received Date: _____ Received By: _____

Processing Date: _____ Processed By: _____