



(Office Use Only) HOLDS: NO _____ YES _____

Office of the Registrar
2507 University Ave
Des Moines, IA 50311-4505
Phone: (515) 271-2025
Email: registrar@drake.edu

Drake University requires payment for a replacement diploma at the time a request is submitted. Payment can be made by credit card, check, or cash. The request should be submitted to Student Accounts via U.S. Mail, in person or by fax. **Faxed and Emailed requests will be accepted only with appropriate credit card information.** Only MasterCard, Visa, or Discover is accepted.

All diplomas, except the Juris Doctor, are 8.5"x11" in size. Juris Doctor Diplomas are 11"x14" in size. The signatures on the replacement diploma will be those current to the University and may not be the same as the original diploma.

REPLACEMENT DIPLOMA REQUEST FORM

(Please allow 1-2 weeks to process)

PRINT NAME AS YOU WANT IT TO APPEAR ON YOUR DIPLOMA:

FORMER NAMES _____ DATE OF BIRTH _____

STUDENT ID NUMBER (or SSN) _____ DEGREE AWARDED _____ GRAD DATE _____

DAYTIME PHONE () _____ EMAIL _____

CURRENT ADDRESS

STREET ADDRESS _____

CITY _____

STATE /COUNTRY _____

ZIP CODE _____

Special Instructions _____

SEND DUPLICATE DIPLOMA TO THE FOLLOWING ADDRESS: (INCLUDE PERSON AND / OR DEPARTMENT)

INSTITUTION OR COMPANY _____

PERSON AND / OR DEPARTMENT _____

STREET ADDRESS _____

CITY _____

STATE/COUNTRY _____

ZIP CODE _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS BELOW:

___ Diploma with Case (Postal mail)	QTY: _____	X \$30	\$
___ Diploma Only (Postal mail)	QTY: _____	X \$25	\$
___ Law Diploma (Postal mail)	QTY: _____	X \$30	\$
___ UPS Delivery Diploma Only (Optional)	QTY: _____	X \$35	\$
Total Amount Paid			\$

Mail to: Office of the Registrar
2507 University Ave
Des Moines, IA 50311
In Person: Carnegie Hall 101, Drake University
Email: registrar@drake.edu

DATE _____ SIGNATURE _____

CREDIT CARD INFO

(ALL FIELDS REQUIRED) CARD NUMBER _____

EXPIRATION DATE _____

3 DIGITS ON BACK _____

Credit Card
information can only
be guaranteed
secure through fax,
mail, or in person.

CARDHOLDER NAME (AS IT APPEARS ON CARD) _____

CIRCLE: VISA MASTERCARD DISCOVER

CARDHOLDER BILLING ADDRESS CARDHOLDER _____

() PHONE NUMBER _____

CITY _____

STATE /COUNTRY _____

ZIP CODE _____