



(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  
Fax: (515) 271-3977

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:

<input type="checkbox"/> Diploma with Case (Postal mail)	QTY: _____	X \$30	\$
<input type="checkbox"/> Diploma Only (Postal mail)	QTY: _____	X \$25	\$
<input type="checkbox"/> Law Diploma (Postal mail)	QTY: _____	X \$30	\$
<input type="checkbox"/> UPS Delivery (Optional)	QTY: _____	X \$35	\$
Total Amount Paid			\$

**Mail to:** Office of the Registrar  
2507 University Ave  
Des Moines, IA 50311  
**In Person:** 104 Old Main, Drake University  
**Email:** registrar@drake.edu  
**Fax to:** 515-271-3977

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

CREDIT CARD INFO

(ALL FIELDS REQUIRED) CARD NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_ 3 DIGITS ON BACK \_\_\_\_\_

CARDHOLDER NAME (AS IT APPEARS ON CARD) \_\_\_\_\_ CIRCLE: VISA MASTERCARD DISCOVER

CARDHOLDER BILLING ADDRESS CARDHOLDER \_\_\_\_\_ ( ) PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE /COUNTRY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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