



Replacement Diploma Request Form Office of the Registrar

Please note that official replacement diplomas are processed with the regular quarterly diploma orders for the university. Please be aware that it can take up to 3 months to obtain a replacement diploma. Please indicate if agency deadlines apply to your request in the "date needed by" field below. Every attempt will be made to accommodate requests filed in a timely manner.

Last Name: _____ First Name: _____ MI: _____

Former Name(s) (if applicable): _____

Student ID (not required): _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

ADDRESS TO MAIL OFFICIAL DIPLOMA

Name/Company: _____ Name/Company: _____

Attn: _____ Attn: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

(If more than 2 addresses, please complete an additional form)

REQUEST FOR:

- File Copy of Diploma (FREE)
- Official Replacement Diploma (\$50)

Please note that replacement diplomas carry the following statement: Reissue of original diploma, signed by current officers of the University of Western States. Diploma originally issues under the authority of Western States Chiropractic College.

- General Undergraduate Courses
- BS
- Certificate
- DC
- MS
- EdD
- Other

GRADUATION DATE: _____

DATE NEEDED BY: _____

SIGNATURE (electronic not accepted): _____ DATE: _____

If paying by credit card **DO NOT** return form by email, use fax or regular mail only. Email is not secure, putting you at risk for identity theft.

PAYING BY: Check Money Order Visa / MC

Name on Card: _____

Card Number: _____ 3-Digit Code: _____ Exp. Date: _____