



REPLACEMENT DIPLOMA REQUEST

FULL NAME WHILE ATTENDING FLAGLER COLLEGE:

Last

First

Middle or Maiden

Full name to appear on replacement diploma (inclusive of accent mark, spaces, capitalizations, etc.)

NAME: _____

First Middle or Maiden Last

DATES OF ATTENDANCE: _____ GRADUATED: _____

From Year To Year MM / DD / YEAR

SSN: _____ DATE OF BIRTH: _____

MM / DD / YEAR

Address to which the replacement diploma will be sent

NAME: _____

First Middle or Maiden Last

ADDRESS: _____

Street

City State Zip

Your Current Information:

ADDRESS: _____

Street

City State Zip

EMAIL: _____ Phone: (____) _____

SIGNATURE: _____ DATE: _____

MM / DD / YEAR

COST: \$50.00 per replacement diploma requested – *(check or money order made payable to Flagler College)*

Requests & payments must be sent to:

FLAGLER COLLEGE
Office of the Registrar
Attn: Shonas Kibbee
74 King Street
St. Augustine, FL 32084