



FLAGLER COLLEGE

REPLACEMENT DIPLOMA REQUEST

Send requests & payments to:

FLAGLER COLLEGE
Office of the Registrar
74 King Street
St. Augustine, FL 32084

DATES OF ATTENDANCE: _____ - _____
Year Year

GRADUATION DATE: _____
MM / DD / Year

Make checks payable to:
Flagler College

NAME WHILE ATTENDING: _____
Last First Middle

SSN: _____ - _____ - _____ DATE OF BIRTH: _____

<p>CURRENT ADDRESS:</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>Apt.</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Country</p>	<p>DIPLOMA MAILING ADDRESS (if different):</p> <p>_____</p> <p>Street</p> <p>_____</p> <p>Apt.</p> <p>_____</p> <p>City State Zip</p> <p>_____</p> <p>Country</p> <p>An international phone number is required for deliveries outside of the United States.</p>
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EMAIL: _____ PHONE: _____ (_____) _____ - _____

FULL NAME TO APPEAR ON REPLACEMENT DIPLOMA: (type exactly as it should appear)

<p>_____</p>		
<p>First</p>	<p>Middle</p>	<p>Last</p>

DIPLOMA ORDER OPTIONS:

Indicate the quantity of the diploma type below to be ordered. Diplomas are \$50 each.

_____ Diploma with **no** major listed. Please note that this was the previous default for diplomas.

_____ Diploma with the following major listed: _____

_____ Diploma with the following major listed: _____

_____ Diploma with the following major listed: _____

_____ Diploma with the following major listed: _____

SIGNATURE: _____ DATE: _____