

Diploma Replacement Order Form

CGU Registrar's Office, 160 East Tenth Street, Claremont, CA 91711
Phone (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

Replacement diplomas are available to graduates who have no outstanding obligations to CGU. If you are requesting a diploma in a new name, you MUST include documentation of your legal name change. Documentation may include copies of a court order, a new passport or driver's license, marriage certificate, or other government-issued identification. Note that this name change is only for diploma ordering purposes. For historical accuracy, student records, including transcripts, remain in the name under which you attended CGU.

Complete and submit this form to the Registrar's Office with your payment (see below for payment options). Allow 3-4 weeks for processing.

GRADUATE INFORMATION		
Last Name	First Name	Middle Name
Name while attending CGU (if different from above) CGU ID Number (if known) 254 — Years of Attendance at CGU or Degree Date Degree(s) for which replacement diploma(s) requested		
E-Mail		Phone
For verification purposes, provide Date of Birth/	_/ and the Last	4 Digits of Your Social Security Number
REQUEST INFORMATION Check one. Replace	ement service is \$45 plus any	applicable mailing fees.
☐ Replace Diploma — I am ordering a replacement diploma ☐ Replace Diploma in My Current/New Name — I am ordering documentation as verification of my legal name change.		CGU student records. and request that it be issued in my new name. I have included
DELIVERY TYPE □ Domestic U.S.P.S. First Class — No additional fee required Expedited or International Delivery (FedEx) - Additional Pick Up — I will pick up my diploma at CGU during regulations.	al fees required: US domestic	destination: \$30; International: \$60.
To authorize a third party to pick up your diploma, name of the individual and the ID credentials the in		gned authorization to the Registrar's Office, providing both the the individual is required to present photo ID.
ADDRESS FOR DELIVERY — Do not use a Post	Office Box for deliveries. Ple	ase write address exactly how it should appear on mailing label.
Name of Recipient Street Address		
City, State, Zip		
Phone (required for expedited and international deliverie	es)	
PAYMENT — Add your fees and indicate payment	type. I enclose \$	by check □ credit card □
To pay by credit card: 1. visit https://commerce.cashnet.com/CGURSTR 2. pay all applicable fees 3. attach a copy of the payment receipt to this completed a complete) 4. submit the form and receipt to the Registrar's Office in page 1.		be automatically emailed when your credit card transaction is ords@cgu.edu), or fax (909-607-7285).
Please order my replacement diploma as indicated above. I University. I include all appropriate documentation and fees.	understand that this service ca	annot be provided to me if I have outstanding obligations to the
STUDENT SIGNATURE (required)		Date
INTERNAL USE		10/17

no outstanding financial obligations

__ mailed (date____