

Ashland University  
Registrar's Office  
401 College Ave  
Ashland, OH 44805



Phone: 419-289-5666  
Fax: 419-289-5939  
Email: [regis@ashland.edu](mailto:regis@ashland.edu)

## Duplicate Diploma Request

Requestor Name: \_\_\_\_\_

Please Include any Previous Last Names: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Name as You Would Like It to Appear on Duplicate Diploma:

\_\_\_\_\_

Degree Earned: \_\_\_\_\_

Approximate Date of Graduation: \_\_\_\_\_

***\*The fee for a duplicate diploma is \$15.00. Checks and Cash are also acceptable methods of payment should you choose to mail this form to the Registrar's Office.***

Card Type: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_