



## Replacement Diploma Request

Mail to:

University of Holy Cross  
Office of the Registrar  
4123 Woodland Drive  
New Orleans, LA 70131-7399

\*Please print this form and fill in all information.

\*Mail completed form to above address with a check/money order for \$25.00 made payable to University of Holy Cross.

\*Please use a separate form for each diploma request.

Name \_\_\_\_\_ Date \_\_\_\_\_

Name to Appear on Diploma \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Last four of SSN \_\_\_\_\_

Degree \_\_\_\_\_

Major \_\_\_\_\_

### Mail Diploma to:

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

For Office Use Only: AMOUNT RECEIVED \_\_\_\_\_

RECEIVED BY \_\_\_\_\_