

Duplicate Diploma Request Form

Part I: Student Information

LAST NAME: _____ FIRST NAME: _____

PREVIOUS NAME(S): _____ LAST FOUR SSN: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

PHONE NUMBER(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Please list name as it should appear on the diploma (accurately depict correct capitalization, spacing, punctuation, accents, etc.):

___ Check this box if this name does not match the name on record. Enclose a copy of a legal form of identification to have your official record updated to reflect this name change. Requests submitted without identification will be issued with the name on record.

Part II: Type of Diploma Request (Select that Apply)

___ Replacement copy of damaged or incorrectly printed diploma (original must be enclosed with request)

___ Additional or replacement diploma (without original) **QUANTITY:** ___ x \$25.00 **TOTAL:** _____

___ Notarized diploma **QUANTITY:** ___ x \$30.00 **TOTAL:** _____

___ Notarized transcript **QUANTITY:** ___ x \$30.00 **TOTAL:** _____

___ Apostille (See Part III) **QUANTITY:** ___ x \$100.00 **TOTAL:** _____

GRAND TOTAL: _____

Part III: Apostille

Purdue University Global will notarize a copy of your diploma and an official transcript and submit to the regional Secretary of State for the attachment of the apostille. Charges for the apostille services are inclusive.

INDICATE THE COUNTRY REQUESTING THE APOSTILLE: _____

Enclose the postage paid envelope required by the Secretary of State. The envelope(s) must include the address to which the State should mail these documents once they have attached the apostille.

Part IV: Destination Information

Name and address to which we will send the requested document(s):

___ **SAME AS GIVEN IN PART I**

___ **DIFFERENT DESTINATION (NAME AND ADDRESS):**

Signatures.....

NOTE: In all instances, your diploma will be produced in the format current at the time of request and will bear the signatures of the current president and provost.

By signing this form, I authorize Purdue University Global to release my diploma and/or transcripts to the parties listed above.

Student Signature: _____ **Date:** _____

Please return Duplicate Diploma Request Form and Credit Card Billing Authorization Form to the appropriate Office of the Registrar.

Purdue University Global online and Learning Center students must submit this form via the following mailing address, fax number, or email address:

Mail: Purdue University Global
Attn: Office of the Registrar
550 W. Van Buren St., 7th Floor
Chicago, IL 60607

Fax: 1-800-588-4127

Email: RSupport@PurdueGlobal.edu

Campus students should submit this form to their onsite Office of the Registrar.