

Diploma Replacement Order Form

Date Requested: _____ Student ID (If Available) **Do not** include SSN: _____

Student Information

Name while attending classes at LFGSM:

(First name) (Middle name) (Last name) (Suffix)

Please print your name to appear on the replacement diploma. This must match what is currently in our database. *

(First name) (Middle name) (Last name) (Suffix)

*If you are requesting a name change, a marriage certificate or the page of the court order showing your official legal name change must be sent to Registrar@lfgsm.edu . (Birth certificates, passports or licenses will not be accepted.)

Degree Awarded: _____ Date Awarded: _____

Primary Email Address: _____ Phone Number: _____

Signature: _____

Request will not be processed without a signature.

There is a charge of \$35.00 for replacement diplomas.

Number of Diplomas Requested _____

Payment Information



____ Credit Card

If paying by credit card, please contact the Registrar's Office during normal business hours to provide the credit card information after mailing or emailing this request to Registrar@lfgsm.edu . Do not give credit card information in any voicemail. A 2.4% convenience fee will be added if charging with a credit card.

____ Personal Check

Please make check payable to Lake Forest Graduate School of Management.

Shipping Information

Mail to:

Recipient

Street Address (We cannot ship to a P.O. Box.)

(City)

(State)

(Zip Code)

(Country)

Processed on: _____