

REPLACEMENT DIPLOMA REQUEST

Please allow 2 weeks for processing and delivery. Please email (as an attachment) to **enrollmentservices@ltu.edu**, or fax to 248-204-2228, or mail/bring the completed form to Lawrence Technological University- Enrollment Services: 21000 West Ten Mile Road, Southfield, MI 48075

- Duplicate **Diploma** Fee: \$40
- Duplicate **Certificate** Fee: \$20

DEGREE INFORMATION

Degree Received and Number of Copies Requested (Please enter number of copies in box)

Certificate of: _____ Associate of: _____

Bachelor of: _____ Masters of: _____

Doctor of: _____

Term and Year of Graduation: Fall _____ Spring _____ Summer _____

STUDENT INFORMATION

Name (As it should appear on the replacement diploma):

First: _____ Middle: _____ Last: _____

Former/Maiden Name: If you attended LTU under a former/maiden name and wish to have your duplicate diploma reflect your new name, legal documentation is required and should be submitted with this form. (Ex. Copy of a Marriage license, divorce papers or adoption papers).

Student ID Number (if known): _____ Social Security Number: _____

Birth Date: _____ Phone Number: _____ Email _____

Current Address**: Street _____ Apt. _____

City _____ State _____ ZIP _____

****Your address will be updated in our system to the one provided on this form.**

Student Signature (Handwritten Signature Required)

Date

DELIVERY METHOD

I would like to pick up the diploma at the One Stop Center for Enrollment Services located in the Taubman Building.

Please mail this diploma to my current address as indicated above. (Diplomas are sent regular U.S. Postal mail).

Please mail this diploma to the address indicated below:

Name _____

Address Line 1 _____ Address Line 2 _____

City _____ State _____ ZIP _____

AUTHORIZATION AND PAYMENT

Check enclosed Visa MasterCard Discover
American Express

Credit Card Number _____ Exp.Date _____

Amount authorized to be charged \$ _____

BILLING ADDRESS AND SIGNATURE (required if card is not present)

Billing Address _____ Zip Code _____

Signature of credit card holder _____ Date _____

Office Use Only

Charges Processed: Date: _____ Initials: _____ Diploma Processed/Mailed: Date: _____ Initials: _____

Revised 4.6.20