

Request for Replacement Diploma



(Only graduates may request replacement diplomas)
Complete this form and sign below. **Please Print Clearly:**

Name: _____
First Middle Last

EGSC Student ID: _____ Date of Birth: _____

Major: _____
Degree Type: Associates of Science Associates of Art Bachelor of Science Bachelor of Art Certificate

Graduation Date: _____ Honors (if applicable): _____

Note: The name on your diploma must include your legal first and last name. If the name, you want on your diploma does not match the name on your official transcript, you must submit a copy of one of the following legal documents: marriage license/certificate, court order, divorce decree, adoption paper, passport/permanent visa, or Social Security Card. (Exception: expanding or shortening your middle name requires no documentation.)

Mail This Diploma to:

Mailing Address: _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number: _____ Email Address: _____

Please update my East Georgia State College Mailing address to the above address.

X

Signature of Graduate

RETURN THIS FORM TO:

East Georgia State College Email: records@ega.edu
Office of the Registrar Fax: 478-289.2353
131 College Circle
Swainsboro, GA 30401

FOR OFFICE USE ONLY

Verified by: _____ Date: _____ Holds? _____

Comments: _____

Please allow 6 to 8 weeks for processing. You will be notified when your diploma is ready.