



OHIO
UNIVERSITY

Office of the
University Registrar

Chubb Hall
Athens OH 45701-2979

REPLACEMENT DIPLOMA REQUEST

Replacement Diploma Policy

- A replacement diploma will be issued if a **notarized statement** is sent to the Office of the University Registrar attesting that the original diploma was lost, destroyed, never received, or if the student had a legal name change.
- The name printed on the replacement diploma will be the same as the name printed on the original diploma unless there is a legal name change. *If there is a legal name change, the original diploma and copies of any court documents must be returned with this notarized statement.*
- The replacement diploma will carry the **current** titles and signatures of all University officials.
- The notation "Official Replacement" will appear at the bottom of the replacement diploma.
- The cost of the replacement diploma is \$15.00. Check or money order should be made payable to Ohio University. Please allow six weeks for delivery of the replacement diploma. Send your request to the address above. Please call 740-593-4196 for assistance or e-mail us at graduation@ohio.edu.

Please complete all information requested below.

Identification Number: _____

Name on Original Diploma: _____
First Middle Last

Graduation Date: _____
Month Day Year

College/Degree: _____
College Degree

Current Mailing Address: _____

_____ *City State Zip*

(_____) _____
Phone Number e-mail address

Notarized Statement for Replacement Diploma / Change of Name:

Please check one of the following:

_____ a. My original diploma was lost or destroyed. (Please return any remains of your original diploma.)

_____ b. My original diploma was never received.

_____ c. My name has been legally changed, and I am requesting that my name be changed from

_____ to _____
(PLEASE RETURN ORIGINAL DIPLOMA)

I, _____, hereby request a replacement diploma and attest that the information indicated is accurate and I do not owe any money to Ohio University.

Signature: _____

Signed by and subscribed in my presence this _____ day of _____ 20 _____

Signature of Notary Public

Commission Expiration Date

For Registrar's Office Use Only - Date Received: _____ Amount: _____