

# Duplicate Diploma Request Form

*\*Charge per duplicate is \$100.*

Submit completed form to [degreeaudit@wingate.edu](mailto:degreeaudit@wingate.edu).

**Date of Request:**

## **Graduate's Information:**

Name:

Last four digits of Social Security Number:

Student ID Number (if known):

Graduation Year:

Degree:

Award:

Fee to be paid\*: \$100

## **Payment Information:**

Credit Card Number:

CSV Number (3-digit code on back of card):

Expiration Date:

## **Shipping Address:**

Street Address:

City:  State:  Zip:

Phone number:

## **Special Notes/Comments:**

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### **Registrar's Office:**

\_\_\_\_\_ Degree conferred on \_\_\_/\_\_\_/\_\_\_ as \_\_\_\_\_

\_\_\_\_\_ Duplicate ordered on \_\_\_/\_\_\_/\_\_\_.

\_\_\_\_\_ Duplicate mailed on \_\_\_/\_\_\_/\_\_\_.

### **Cashier's Office:**

\_\_\_\_\_ Payment processed on \_\_\_/\_\_\_/\_\_\_

1-1271-8200