

# Quincy University

## ORDER FOR A REPLACEMENT/DUPLICATE DIPLOMA

Name to be printed on the diploma: \_\_\_\_\_  
(PLEASE PRINT)

Name while attending QU: \_\_\_\_\_  
(PLEASE PRINT)

Graduation date (month, year): \_\_\_\_\_

Degree and major: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signed request for replacement/duplicate diploma

Name and Address to mail diploma: \_\_\_\_\_  
\_\_\_\_\_

Any special instructions: \_\_\_\_\_  
\_\_\_\_\_

Please mail the request to:

Registrar's Office  
Quincy University  
1800 College Ave.  
Quincy, IL 62301-2699

Or fax to 1.217.228.5283 ATTN: Debby Seifert

NOTE: A \$50 check payable to Quincy University or credit card information including expiration date must be received with the diploma request.

Payment Method:

Check enclosed for \$ \_\_\_\_\_ Check number: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Date sent to Business Office: \_\_\_\_\_

Credit card payment for \$ \_\_\_\_\_  VISA  MasterCard  Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Received By: \_\_\_\_\_ Date sent to Business Office: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*\* QU is glad to be able to provide a replacement/duplicate diploma. However, please note that the replacement diploma may be printed when the next batch of diplomas are processed (usually done 3 times per year -- call if not received by the end of February, July or October) \*\*\*