CARSON-NEWMAN UNIVERSITY

REPLACEMENT DIPLOMA REQUEST

CURRENT NAME_____
LAST FIRST MIDDLE MAIDEN

NAME TO APPEAR ON DIPLOMA_____

Last four of SSN: _____ OR STUDENT ID: _____

DEGREE RECEIVED: EXAMPLE: BA, BS, MSN _____

MAIL DIPLOMA TO: _____
_____
_____

DAY TIME PHONE NUMBER:_____ CELL_____

ENCLOSE REPLACEMENT DIPLOMA ORDER FEE

_____ $60.00 to replace a diploma for Carson-Newman *College*

_____ *$100.00* to order a diploma with Carson-Newman *University* on the document

- MAKE CHECKS PAYABLE TO CARSON-NEWMAN UNIVERSITY
- PHOTO COPY OF PICTURE ID (STUDENT ID, DRIVER'S LICENSE)

MAIL TO: OFFICE OF THE REGISTRAR
C-N BOX 71985
JEFFERSON CITY, TN 37760

PHONE (865-471-3240)