CARSON-NEWMAN UNIVERSITY
REPLACEMENT DIPLOMA REQUEST

CURRENT NAME_____/_____
LAST FIRST MIDDLE MAIDEN/OTHER

NAME TO APPEAR ON DIPLOMA_____

Last Four of SSN: _____ Birth Date ___/____/_____ STUDENT ID: _____

Last year attended _____

MAIL DIPLOMA TO: _____
_____
_____

Daytime Phone # _____ Email Address _____

ENCLOSE REPLACEMENT DIPLOMA ORDER FEE

- $30.00 to replace a diploma for Carson-Newman University
- MAKE CHECKS PAYABLE TO CARSON-NEWMAN UNIVERSITY
- Circle: VISA MC Disc Card # _____ EXP___/____ CVV _____
  (CC info will not be kept on file. It will be destroyed.)
- PHOTO COPY OF PICTURE ID (STUDENT ID, DRIVER'S LICENSE)

MAIL TO: Carson-Newman University
Registrar
1646 Russell Ave
Jefferson City, TN 37760
Ph (865) 471-3240

EMAIL TO: registrar@cn.edu

FAX TO: (865) 471-2013