



DIPLOMA REPLACEMENT FORM

There is a \$50 fee for a replacement diploma. This form must be notarized.

Personal Information

Last: _____ Middle: _____ First: _____

Previous/Maiden: _____

Date of birth: _____ Last 4 of SSN or NetID: _____

Contact Information

Phone: _____ Email address: _____

Diploma Request Details

Name as you wish for it to appear on the diploma: _____

If your name is different than the one on your academic record, please fill out our [name change form](#) first

Degree received: _____ Degree date (mm/yyyy): _____

Mail diploma to:

Special instructions: _____

Signature: _____ Date: _____

A replacement diploma will bear the look of Creighton's current diploma and current officials' signatures.

Please make your \$50 check payable to "Creighton University" and send it to:

**Creighton University
Office of the Registrar
2500 California Plaza – Omaha, NE 68178**

Questions may be directed to the office at 402-280-2702 or registrar@creighton.edu

The foregoing instrument was acknowledged before me this

_____ day of _____, _____
(day) (month) (year)

by _____, _____
(printed name) (printed title of position)

Signature of Notary Public: _____