

DUPLICATE DIPLOMA ORDER FORM

ST. OLAF COLLEGE Registrar's Office

St. Olaf graduates may order duplicate copies of their diplomas for \$25.00 per copy (\$35 for international). Duplicate copies can be ordered only **after** the original diploma has been awarded. Duplicate diplomas will show the words "Duplicate Diploma" on the bottom of the duplicate diploma with the date that it was issued.

Submit this form to the Registrar's office with a check made out to St. Olaf College.

Current first name _____ Middle _____

Last _____

Name changes are allowed only for currently enrolled students or former students who have had a gender change. If you are requesting a diploma with a "name change," you must submit legal documentation. For more information, please call the Registrar's office at 507-786-3015 or email registrar@stolaf.edu.

Enter name as it appeared your diploma when you were a student.

First name _____ Middle _____

Last name _____ Primary (cell) phone _____

Secondary (work) phone _____ Email _____

Student ID _____ or SSN _____

Degree: ☐ B.A. (Bachelor of Arts) ☐ B.M. (Bachelor of Music) Graduation date: _____

Diploma mailing address: (below)

Address 1

Address 2

City, State, Zip code, Country

Signature (required to release diploma): _____

Delivery method is by First Class USPS mail. There is no additional charge for this. If you would like a different delivery method, please call 507-786-3015 or email registrar@stolaf.edu to ask about charges.

Diplomas will not be printed without pre-payment. Checks or money orders should be made out to St. Olaf College for \$25.00 for each diploma (\$35 for international).

Mail payment with this order form to:

Registrar's Office, St. Olaf College, 1520 St. Olaf Ave, Northfield, MN 55057

or fax this form to: 507-786-3758 (Please call 507-786-3015 with credit card information if you prefer not to include it in your fax)

Turn over to enter credit card information.

Credit card informationCredit card payment: ☐ Visa ☐ MasterCard Amount to charge: _____

Card number: _____ Exp. Date: ____ / ____ Security code: _____

Billing zip code: _____

Signature: _____ Date: _____

Do not include credit card information on this form if you are sending by email. Please call us at 507-786-3015 so we can process payment over the phone.

Office Use

Check: _____

Date processed:

Credit card (VISA or MasterCard): _____

Money order: _____

Other: _____

Initials: _____