OFFICE OF THE REGISTRAR
DUPLICATE DIPLOMA ORDER FORM

Name (as it appears on diploma)

_________________________    _________________________     _________________________
Last Name                  First                                                    Middle

Identification

_________________________    _________________________
Last four of SSN                  Date of Birth

_________________________    _________________________
Graduate or Undergraduate   Field of Study

_________________________    _________________________
Degree Received                 Date of Graduation (MM/YY)

_________________________    _________________________
Email Address                                Telephone Number

Send Diploma

Name _______________________________________
Address _______________________________________

_______________________________________
City _______________________________________
State and Postal Code _______________________________________
Country _______________________________________

I understand that the duplicate diploma will bear the signatures of the current officials of the State and the College.

Payment
The processing fee is $50.

Make check or money order available to the Office of the Registrar.

Check        Money Order    Amount Enclosed ______________

Visa  Mastercard  Discover   American Express

_______________________________________________   ___________________
Credit Card Number           Expiration Date

I authorize a total of $ ________ to be charged.

_____________________________________________________________
Signature of Cardholder Required

Please return this form to:
Office of the Registrar
The Citadel
171 Moultrie St
Charleston, SC 29409
Phone: (843) 953-6969
Fax: (843) 953-7029
www.citadel.edu

Please allow three months for delivery.