Whitefield College

Diploma Replacement Form

Student Information:

In accordance with the Family Educational Rights and Privacy Act, only the individual earning the diploma can request it. By signing this form I vow that I am the student referenced below.

Student Name: _____ Student ID: _____

First Middle Last

Signature: _____ Date _____

Name(s) used while a student _____

Contact Information:

Phone: _____ Email Address:_____

Diploma Request Details:

Name on Diploma: _____

Please print your name exactly as you would have it printed on your diploma. If your name changed after graduation and you would like this diploma to reflect your new name, then indicate the name change.

Degree and Major earned: _____

Graduation Month and Year: _____

Order Details:

The cost of diploma replacement is $50 per diploma.
Please make check or money order payable to Whitefield College.

Shipping Address: _____

Street City State Zip

Please return completed form along with payment to:
Whitefield College, P.O. Box 6321, Lakeland, FL 33807-6321