

OFFICE of THE REGISTRAR

Replacement Diploma Request Form

A graduate may order a replacement copy of his/her degree: **Mailed Copy \$40, Picked-up Copy \$32**(Degree reprint request require eight (8) to ten (10) weeks to process)

All information must be provided in order to process request. anner ID #(if unknown last 4 of SSN#):			-	
Name on University Reco	rds at the time of	graduation:		
First	Middle	Last	Suffix	
Degree Award Date:	Degree Awarded (BS, BA, MA, MSA, etc.):			
Major:				
Delivery Method (select one Pick up (Open	,	00 pm - 4:30 pm)Mail (Prov	vide address below)	
Mail to Address:				
Email Address:	Daytime Phone #:			
Signature:		Date:		
Note: Degrees will not i	be released if hold	s exist on the account.		
card at the University C https://ecsu.edu QUIC Online Miscellaneous Po	ashier (open 8:30 am K LINKS, Click Univenyment Form. For mor or Cashier checks can	Payments can be made in person until 12:30 pm daily). Payments of ersity Offices, Division of Business to information call 252.335.3207. In be mailed to the address below.	can be made on-line @ s and Finance; Click	
	Registrar's	Office USE ONLY		
Processed by:		Date	processed:	
	OFFICE of	THE REGISTRAR		

1704 Weeksville Rd. | Campus Box 953 | Elizabeth City, NC 27909 | 252-335-3300 | Fax: 252.335.3729