



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.

Banner ID # _____ (if unknown last 4 of SSN#): _____

Name on University Records at the time of graduation:

First Middle Last Suffix

Degree Award Date: _____ Degree Awarded (BS, BA, MA, MSA, etc.): _____

Major: _____

Reason for Duplicate Request: _____

Delivery Method (select one)

_____ Pick up (Open Monday - Friday 12:00 pm - 4:30 pm) _____ Mail (Provide address below)

Mail to Address: _____

Email Address: _____ Daytime Phone #: _____

Signature: _____ Date: _____

Note: Degrees will not be released if holds exist on the account.

Payment:

- Bring or mail this form and the Replacement Diploma Request Notarization form to the address below. Payments can be made with a debit or credit card by calling the University Cashier (open 8:30 am until 4:00 pm daily) at 252.335.3207
Money orders, Personal or Cashier checks can be mailed to the address below. Make checks payable to: Elizabeth City State University.

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



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To the notary,

These are the valid forms of ID verifying the name of the person requesting a diploma (at least one must be a photo ID):

- Driver's license, or
- Passport, or
- Any government issued form of identification
- Must be a photo ID

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I, _____ (Notary Public’s name), do hereby swear or affirm that I have seen original _____ (official government-issued document) _____ (first name) _____ (middle name) _____ (last name). I also swear or affirm that _____ (full name of Principal) signed the ECSU Office of the Registrar ‘Replacement Diploma Request’ form included with this affirmation in my presence.

_____ State

_____ County

I, _____, a Notary Public for _____ (County), _____ (state), do hereby certify that _____ (Name of Principal) personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____

(Official Seal) _____ (Official Signature of Notary)
_____ (Printed Name), Notary Public

My commission expires: _____

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