

**REPLACEMENT or DUPLICATE DIPLOMA REQUEST**

*Requests for replacement or duplicate diplomas must be in writing and signed by the requesting student.*

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Name at time of Attendance:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Options for Diploma Fee:**

- \$30 for diploma (per copy)
- \$10 additional for each diploma cover

**Diploma Type:**

- AA or AS Diploma
- BA or BS Diploma
- Masters Diploma \_\_\_\_\_ (specify)

**Signature:** \_\_\_\_\_

*Payment may be made by check or credit card. (VISA, MasterCard, American Express, and Discover).  
FAXED REQUEST MUST INCLUDE CREDIT CARD INFORMATION FOR PAYMENT PROCESSING.*

**CREDIT CARD INFORMATION SHOULD INCLUDE THE FOLLOWING:**

**Cardholder's name:** \_\_\_\_\_

**Credit card type:** \_\_\_\_\_

**Credit card number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

***Request may be sent via mail addressed to:***

Chaminade University of Honolulu  
Records Office  
3140 Waiialae Avenue  
Honolulu, HI 96816-1578

**OR**

Faxed to (808) 735-4777

Scanned and emailed to records@chaminade.edu