

# REQUEST FOR DIPLOMA REPLACEMENT

Please complete all fields of this form. There is a \$50 processing fee for a replacement diploma. Once your request has been submitted there is a four to six-week turnaround for your replacement diploma to be mailed. Checks should be made payable to *The George Washington University* and requests should be submitted to *Graduation Services* at the address or fax number to the right.

## Information:

\_\_\_\_\_  
Name as it should appear on the diploma. (This must conform to the legal name of record on file with GW.)

\_\_\_\_\_  
GWid or Student ID

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Semester & Year of Graduation

\_\_\_\_\_  
School

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Major

## Address to which diploma should be mailed:

**Note:** All diplomas are mailed via the United States Postal Service

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

## Signature and Date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Date Processed

\_\_\_\_\_  
Date of Order

THE GEORGE  
WASHINGTON  
UNIVERSITY

WASHINGTON, DC

## Office of the Registrar

### Graduation Services

1922 F St.  
Suite 404  
Washington, DC  
20052

*Phone:*

(202) 242-6843

*Fax:*

(202) 994-0282

*To best protect your financial information and support compliance with the Payment Card Industry Data Security Standard, credit card information should never be e-mailed. It may be faxed or mailed to our office or submitted in person to the Student Services Hub in the Marvin Center.*

# CREDIT CARD PAYMENT FORM

## Request for Diploma Replacement

Use this form for Office of the Registrar transactions only (not for tuition payments or other university charges).

Student's Name \_\_\_\_\_ GWid or Student ID \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_ Cardholder's Email \_\_\_\_\_

I authorize the George Washington University to charge (amount in U.S. dollars) \$ \_\_\_\_\_ to the following credit card account:

Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Type of Card (check one):  MasterCard  VISA

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Expiration Date (MM/YYYY): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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