

GEORGETOWN

C O L L E G E

DUPLICATE DIPLOMA REQUEST

Name: _____
Last First Middle

Maiden Name/Previously Used Names: _____

Name exactly as you want it to appear on your diploma:

Type of Diploma and Degree (*please mark one*):

Georgetown College:

BA MA
 BS Bishop College Scholar
 BME Bishop College Legacy

Bishop College:

BA
 BS

Month and Year Degree Was Granted: _____ Birthdate: _____

College ID# (if known) _____ Security Number: _____

Current address: _____

Mail diploma to: _____

Signature (required) Date

Cost: \$50 per diploma

Accepted Forms of Payment: Check or money order (made payable to Georgetown College)

Mail this form along with your payment to:
Office of the Registrar
400 E College Street
Georgetown, KY 40324