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: Bishop College:

___ BA   ___ MA   ___ BA
___ BS   ___ Bishop College Scholar   ___ BS
___ BME   ___ Bishop College Legacy

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