



For Office Use Only	
Paid	_____
Ordered	_____
Mailed	_____

APPLICATION FOR REPLACEMENT DIPLOMA
\$25.00 is due before processing

Full Name: _____

Student ID # (optional): _____

Date of Birth: _____

Previous Name(s): _____

Phone: _____

Diploma Mailing Address:

Street City State Zip

Term/Year of Graduation: _____

Major(s): _____

I request that my diploma be inscribed with my name as follows:

Directions: Print one letter per box; skip a box between each part in name.

Name on diploma will appear on one line.

Signature: _____

A fee of \$25.00 is due before your new diploma can be processed. Please send check or money order along with this completed form to:

Oregon Institute of Technology
Office of the Registrar
3201 Campus Dr
Klamath Falls, OR 97601

Please call the Registrar's Office at 541-885-1307 with any questions.