REPLACEMENT DIPLOMA REQUEST FORM

Replacement Diploma fee is $65

Current Name: ____________________________________________

Previous Name(s): ____________________________________________

Years attended: _________________________ to _________________________

Year graduated: ____________________________________________

Degree: ________  Major: ____________________________________________

Mailing Address: ____________________________________________

Daytime Phone: ____________________________________________

Email: ____________________________________________

Signature*  
*Required before processing

Mail or Fax to:
LRU-Registrar’s Office  
PO Box 7227  
Hickory, NC 28603  
828-328-7368/fax

For office use
Student ID# _______________________  Information Verified: _________

Payment: cash_____  check _______  debit/credit (paid online) _______