

Office use ONLY:  
 Fee Paid: \_\_\_\_\_

# Fairmont State University

## Diploma Replacement Form

Request must be made in writing. Request from students who have financial holds on a student account will not be processed. A \$50.00 payment must accompany your request.

**Mailing Address: Fairmont State University,  
 ATTN: Enrollment Services, 1201 Locust Avenue, Fairmont, WV 26554  
 Fax: (304) 367-4789; Email: enrollmentservices@fairmontstate.edu**

### REQUESTED INFORMATION

**\*All information marked with an asterisk (\*) is required.**

\*SS# OR Student ID#: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First Name: \_\_\_\_\_

Former Name(s): \_\_\_\_\_, \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Degree Received: \_\_\_\_\_

\*Graduation Date: \_\_\_\_\_

\*Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Student's Original Signature (required): \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

### AUTHORIZATION TO CHARGE CREDIT CARD

Name on Card	Daytime Phone Number (    )       -	Amount \$ 50.00
Address	Card #	Expiration Date
City, State, Zip	Signature	Date -       -