ATLANTIC UNION COLLEGE
Office of Academic Records
338 Main St. ● P.O. Box 1000 ● South Lancaster, MA 01561
Phone: 978-368-2216 ● Fax: 978-368-2018

REQUEST FOR REPLACEMENT DIPLOMA

Name While in School: _____ SS# _____

AUC ID# _____ Date of Graduation _____ Degree: _____

Divison: ____ Day Program
____ Adult Degree Program
____ Continuing Education Program
____ Electronic Distance Learning Program
____ Master of Education Program

Did you graduate in absentia? ___Yes ___ No

Item(s) Requested: _____ Diploma Only $25.00
_____ Diploma and Miniature Diploma $35.00

Mailing Address*: Diplomas are sent certified Mail with return Receipt. Please use an address where your diploma can be signed for, when delivered. Please type or print carefully.*

_____

_____

_____

_____

Telephone Daytime (_____) - _____ - _____

*Please enclose check or money order made payable to **ATLANTIC UNION COLLEGE***

Signature: _____ Date: _____
This request will not be processed without your signature

IMPORTANT: The processing of this request is dependent upon clearance from the Office of Student Accounts. Diplomas are ordered through a diploma printing company. Therefore, it may take several weeks for them to process the order, depending on their peak periods

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FOR OFFICE USE ONLY

____ Request Received _____
____ Check Enclosed # _____
____ Check Processed _____
____ Verify Graduation, SS#, Degree
____ Financial Clearance Requested _____
____ Financial Clearance Received _____

_____ Diploma Ordered _____
_____ Edit Backing Card
_____ Diploma Sent _____

Comments: