

Office of the Registrar Box 4028 | 20 Nelson Hall Clinton, MS 39058 601-925-3210

> Registrar@mc.edu www.mc.edu/offices/registrar

## Replacement Diploma Order Form The manus on your problement diploma will abbear as it.

2 1 1	2	exact duplicate of the originals as they are printed in the current style  Date of Request:		
Name	5 35			
Last		First		Middle
MC ID or last 4 digits of SSN	Birthdate	Maiden/Nam	e used when a student, if other than	the name above
Degree Information				
Degree (ex: B.A., M.S., J.D. etc)		Major	Graduation Date	
Reason for requesting replacement diplor	na			
Mailing Address & Contact Inf	ormation			
Street Address		City	State	Zip
E-mail address			Phone Number	
Payment  MC Diplomas: \$40.00   MC School of Please make check or money order		pi College		
Notarized Signature Sign this form before a notary so that from an international address and bea	-	,	, 1	if this form is mailed
Your Signature				
Signature of Notary				
Date Term Ends (mm/dd/yyyy)		seal/stamp		
APOSTILLE: Please note below if the employment and it should be prepare	*		* *	

Rev 10-2016