

Diploma Replacement Form



Please Print.

Student Name: _____ **SSN/ID:** _____
Last name First Name Middle Name (used to verify the correct record)

Former/Maiden Name: _____

(If you were registered at Martin Methodist College under a former/maiden name, and wish your diploma to reflect your current name, a photocopy of a legal document i.e., driver's license, court order, social security card, or marriage license must be provided.)

Graduation Date: _____ **Degree Earned:** _____

Name as you wish it to appear on your diploma (indicate hyphens, middle name or middle initials, accents, or capitalization):

Send Diploma:

Name (if different than above): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Country (if not USA): _____

- Please update my MMC permanent mailing address to the address listed.

Number of replacement diploma(s) requested _____ at \$50 each = \$ _____

*This must be paid to the MMC Business Office prior to diploma ordering.

Student Signature: _____

Date: _____

Email _____

Phone: _____

Please return this form to the Registrar's Office:

433 West Madison St.

Pulaski, TN 38478

registrar@martinmethodist.edu