

## WASHINGTON AND LEE

## UNIVERSITY

Office of the University Registrar Lexington, VA 24450-2116 Phone: (540) 458-8455 FAX: (540) 458-8045 Email: registrar@wlu.edu

## REQUEST FOR REPLACEMENT DIPLOMA

XXX-XX-					
Last four digits of SSN			Date of Birth (M/D/Y)		
Full name under which you were registered as a student			Current Name - if different from student name		
Full Name to appear on Diploma					
If requesting a diploma in your new name you must provide legal proof of change of name documentation.					
Degree Received			Graduatio	Graduation Date (M/Y)	
Reason for replacement (select one):    Lost    Damaged/Destroyed    Other					
Please return damaged diploma to our office.					
Type of diploma requested (select one):					
Replacement fees:					
\$75.00 each type RUSH \$125 for one type / \$200 for both					
Send Check or Money Order made out to Washington and Lee University with this request.					
Names and Address where Diploma is to be mailed:					
Name			Street Address		
City		State	Zip Code	Country	
Phone Nun	nber	Email			
Physical Signature (alumnus/alumna) Date					
Please send this completed and signed form with your check or Money Order made out to Washington and Lee University to:					
Washington and Lee University Registrar's Office Attn: Debbie Alden					

Please allow 3-4 weeks for delivery from receipt of request.

204 West Washington Street

Lexington, VA 24450