



REPLACEMENT DIPLOMA ORDER FORM

(This form is for Alumnae who wish to order a replacement diploma)

_____ **BA** -- OR -- _____ **BS**

Year of Graduation: _____ **Major:** _____

Name as you wish it to appear on your replacement diploma:

(If printed, please write legibly)

Number of Diplomas requested: _____

SSN or 900# _____

Mailing Address _____

Phone #: _____

E-Mail: _____

Signature: _____ **Date:** _____

The fee for replacement diplomas is \$35 each. Please enclose a cashier's check or money order with your request (no personal checks) and mail it to:

**Spelman College
Office of the Registrar
350 Spelman Lane SW
Box 535
Atlanta, GA 30314-4399**