



DIPLOMA REPLACEMENT REQUEST FORM
UNDERGRADUATES AND GRADUATES

TOWSON UNIVERSITY
Office of the Registrar/Graduation
8000 York Road
Towson, Maryland 21252-0001
Phone: 410-704-2095 Fax: 410-704-4599

DATE: _____ **TU ID# or SSN:** _____

NAME: _____

MAJOR: _____

DATE OF GRADUATION: _____

DEGREE: Bachelor's Master's Doctoral Certificate

REASON FOR REPLACEMENT:

Name Correction* Duplicate Copy*

**A \$50 Fee is assessed for these requests. Make checks payable to Towson University.*

CONTACT INFORMATION:

HOME PHONE: _____

CELL PHONE: _____

EMAIL: _____

PLEASE MAIL MY DIPLOMA TO THE FOLLOWING ADDRESS:

NAME

STREET ADDRESS

CITY

STATE

ZIPCODE

PLEASE RETURN THIS FORM WITH PAYMENT ENCLOSED TO:

GRADUATION OFFICE
OFFICE OF THE REGISTRAR
TOWSON UNIVERSITY
8000 YORK ROAD
TOWSON, MD 21252