



**University Diploma Replacement Form**  
(Cost of \$35.00 per diploma)

Please print your responses to the following questions.

1. Name to appear on diploma \_\_\_\_\_

2. Full name \_\_\_\_\_

3. Previous name(s) \_\_\_\_\_

4. Lourdes I.D. \_\_\_\_\_ **OR** Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

5. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

6. Current Address \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip)

7. Phone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_

8. Email Address \_\_\_\_\_

9. Year of Graduation \_\_\_\_\_

10. Check applicable degree earned at Lourdes University:

- |   |  |
|---|--|
| <input type="checkbox"/> Associate in Arts              | <input type="checkbox"/> Master of Arts                      |
| <input type="checkbox"/> Bachelor of Arts               | <input type="checkbox"/> Master of Business Administration   |
| <input type="checkbox"/> Bachelor of Science            | <input type="checkbox"/> Master of Education                 |
| <input type="checkbox"/> Bachelor of Science in Nursing | <input type="checkbox"/> Master of Organizational Leadership |
|   | <input type="checkbox"/> Master of Science in Nursing        |

11. Signature \_\_\_\_\_ Date \_\_\_\_\_

**Make checks payable to Lourdes University in the amount of \$35.00 per diploma and mail form to the following address:**

Office of the Registrar—Lourdes University  
6832 Convent Boulevard  
Sylvania, OH 43560