

LENOIR~RHYNE UNIVERSITY

REPLACEMENT DIPLOMA REQUEST FORM

Replacement Diploma fee is \$65

Current Name: _____

Previous Name(s): _____

Years attended: _____ to _____

Year graduated: _____

Degree: _____ Major: _____

Mailing Address: _____

Daytime Phone: _____

Email: _____

Signature* _____

**Required before processing*

Mail or Fax to:
LRU-Registrar's Office
PO Box 7227
Hickory, NC 28603
828-328-7368/fax

For office use

Student ID# _____ Information Verified: _____

Payment: cash _____ check _____ debit/credit (paid online) _____