Replacement Diploma Order Form

Office of the Registrar, Daphne, Alabama 36526 Phone: 251.626.3303 Fax: 251.625.1035 Email: registrar@ussa.edu



Please return this order by fax or mail. Please allow 8 to 12 weeks for delivery of replacement diploma. Check or money order must accompany form. Credit cards are accepted for payment. Replacement Fees: Parchment Copy (8 1/2 " x 11")

Name (as it should appear on the diploma)

Last Name First			Middle	
Telephone Number:	Student Identification #:			
Date of Birth:				
E-mail Address:			-	
Degree Received:		Pav	ment information here: Credit	
Date Degree was conferred:		Card Type (
Replacement Diploma $\bigcirc 8 \frac{1}{2}$ x 11" (parchment paper copy) = \$25			ter Card DISCOVER AMEX	
Amount enclosed: \$	_	Credit Card Nur	nber:	
Make Checks/Money Orders Payable	to: United States Sports Ac	cademy Expiration Dat	e:	
Send Diploma To:		CVC Code:		
Name:		Billing Zip Co	de	
Address 1:				
Address 2:				
City	State or Province	Postal code	Country	
Processed by:				
Date Processed:	Degree Verified by R	egistrar:		
Q: Forms/Replacement Diploma Order For	m			