

MILLIGAN

REPLACEMENT DIPLOMA REQUEST

Office of the Registrar
PO Box 52, Milligan, TN 37682
Phone: (423) 461-8788

Name (as it appeared on your original diploma)

First	Middle	Last	Suffix, if applicable
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Current Name

First	Middle	Last	Suffix, if applicable
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SSN (last four) XXX—XX-_____

Birth Date _____

Address for diploma mailing:

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email address _____

Graduation Month _____ Graduation Year _____

For diplomas dated June 2020 or earlier, please indicate a preferred institution name below:

___ **Milligan College (will include administrator signatures from your graduation year)**

___ **Milligan University (will include current administrator signatures)**

Signature _____

Date _____

Enclose replacement diploma order fee and a copy of a photo ID (student ID, driver's license).

- \$25 check payable to Milligan College;
- Circle: VISA or Mastercard Card # _____
Exp _____ CVV _____

Mail form, check (if applicable), and copy of ID to the address provided above.