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

Current Name

_____ _____ _____ _____
First Middle Last Suffix, if applicable

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 MastercardCard # _____
  Exp_____CVV _____

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