

Replacement Diploma Request

Student ID or SSN: _____ Phone: _____
 Name: _____ Date of Birth: _____
 Previous Name(s): _____

 Street: _____ City: _____ State: _____ Zip: _____

Replacement Diploma for _____ (degree/certificate)
 Replacement Diploma for _____ (degree/certificate)

Delivery Method:

- I will pick up my replacement diploma within one month or I understand it will be destroyed.
- I authorize a third party to pick up my replacement diploma. Photo ID of authorized party required.*

Third Party: _____

- Mail my replacement diploma to the address indicated below.

NAME/COMPANY
ATTN (if applicable)
STREET ADDRESS
CITY, STATE, ZIP

I understand that checking this box constitutes a legal signature

Student Signature: _____ **Date:** _____
 (Proof of identification must be provided at time of submission. If mailing include copy of valid photo ID.)

*When authorizing a third party to pick up replacement diploma(s), third party valid ID is required. A copy of the student's valid ID containing student's signature must be provided.

Mail form and required documents to Student Records Office, One College Drive, Bentonville, AR 72712
 Turn in at Enrollment Support Center located on the 2nd floor of the Student Center or at the Washington County Center (if available)
 Upload to <https://api.nwacc.edu/lss/finaid/filedropbox/> (must have myNWACC login)