



Replacement Diploma Request Form

Office of the Registrar | 347 S. Gladstone Ave. | Aurora, IL 60506
630-844-5462 | reg@aurora.edu | FAX 630-844-5463

STUDENT INFORMATION

Name _____ ID or SSN _____
Last, First, Middle Initial

Street Address _____

City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____ Work Phone _____

Email Address _____

Date of Birth _____ Approximate Year of Graduation _____
(MM/DD/YYYY)

Other name(s) used while a student _____

Institution Aurora University George Williams College

Name as you would like it to appear _____

I approve the release of my diploma _____
Student Signature Date

PAYMENT INFORMATION | THERE IS A \$25 CHARGE FOR EACH DIPLOMA.

To make a payment, please contact the Student Accounts Office at 630-844-5470.

Disclaimer: Diplomas will be printed with current college name and signatures. Please allow 2-3 months for processing.

RETURN THIS COMPLETED FORM TO THE OFFICE OF THE REGISTRAR.

FOR OFFICE USE ONLY

Office of Student Accounts

Date

Office of the Registrar

Date