

REPLACEMENT DIPLOMA REQUEST

Wheeling University

Name:				Student ID:			
First	Middle	Last			or	WU Student ID#	
Other Name(s):				-	SSN: _		
	revious/Maiden			,	or DOB:	Social Security Number	
Address: Street Addre	nee.	City	State	Zip	JOB	Date of Birth	
Email:	:55	City	State	Phone:		Date of Birtin	
						. Replacement Diplomas h Domestic replacement	
						esident's Office can only	
•		•	•			e Office of the President	
with information present	ed below for any further	questions.					
Graduation Date Do		gree Earned		Major(s) if applicable			
MM / YYYY	(ie. Bachelor of Scie	nce. etc)					
	,	, ,					
Name as it should a	appear on Diploma:	-					
		Delivery M					
	☐Standard Mail (Send to the following address) ☐Hold for Pick-up						
	Deliver to						
	Address Line 1						
	Address Line 2						
		City		State Zip			
The Family Education	al Rights to Privacy	Act of 1974 (F	ERPA) pr	objbits the rele	ase of	a student's confidential	
	•	•	, .			giving consent to release	
your diploma to the above	-		<u>_</u> , _,	9 ,		,g coco to release	
Student Signature:				Date:			
		Office of the Regis	trar Use Or	ıly			
Received	Payment Cash	Amoun	t Busine	ess Office		Sent	
Date	Received Check	#	Cleara	ince Date		Date	

Wheeling University
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