

**REQUEST FOR REPLACEMENT DIPLOMA
UNIVERSITY OF CENTRAL TEXAS**

Please complete the following information and return it along with a money order in the amount of \$45.00 payable to Herff Jones.

Return the form to: Texas A&M University-Central Texas:

Registrar's Office
1001 Leadership Place, Suite 108
Killeen TX 76549
Fax:(254)519-5486
Email: records@tamuct.edu

Name: _____
(As it appeared on the diploma)

SSN: _____

Address: _____
(Where diploma is to be mailed)

Phone: (H) _____ (C) _____

Degree Received: _____

Major: _____

Date Received: _____

Signature _____ Date _____

REGISTRAR OFFICE USE ONLY

Date _____

I certify that the above information is true and correct:

Name _____

Title _____