



# DIPLOMA REPLACEMENT REQUEST

Office of the Registrar  
3201 Eaton Rd  
Green Bay, WI 54311  
P: 920.433.6699  
F: 920.433.1922

**INSTRUCTIONS:**

The cost per replacement diploma is \$30.00. Please complete the requested information below. You can fax this form to 920.433.1922 or mail it with payment enclosed to the address listed to the left. Please allow up to two weeks for delivery.

Disclaimer: Students who graduated prior to 2009, your diploma will read Bellin College, NOT Bellin College of Nursing. (An explanation of name change will be enclosed with your diploma.)

**General Information**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last Name First Name MI MM/DD/YYYY

\_\_\_\_\_  
Former Name While Attending Bellin College XXX-XX-\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_ SSN (Last 4 Digits)

Daytime Phone Number Email Address

**Current Address** (Your diploma will be mailed to this address.)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Graduation Information**

Year \_\_\_\_\_ Month \_\_\_\_\_ Degree of Diploma Requested \_\_\_\_\_

**Reason For Requesting Replacement**

Lost/Stolen \_\_\_\_ Damaged \_\_\_\_ Name Change (legal documentation required) \_\_\_\_

Other: \_\_\_\_\_

**Payment**

**Mail to:**  
Registrar's Office  
3201 Eaton Rd  
Green Bay WI 54311  
**Fax to:**  
920.433.1922  
**Scan and email to:**  
studentservices@bellincollege.edu

**Payment \$30.00/Diploma** (Please Check One):  
 **Check/Cash enclosed.** Please make checks out to Bellin College  
 **I would like to pay via credit card.**  
\_\_\_\_ MasterCard \_\_\_\_ Visa  
Account Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

**Mailing/Pick up** (Please Check One):  
 Mail via regular first-class mail  
 I will pick up my diploma replacement at the Registrar's office (Room 106-A)

I hereby certify that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_