



## VWU Diploma Replacement Request Form

### CURRENT NAME

\_\_\_\_\_  
First Middle Last Suffix

Name While Attending Virginia Wesleyan (if different from above)

\_\_\_\_\_  
First Middle Last Suffix

*Your diploma will be issued with name that is currently on your Virginia Wesleyan academic record. If your name has changed, and you want the reissued diploma with your new name, please print and mail this form with the legal documentation to support your name change.*

Date of Birth: (MM/DD/YYYY) \_\_\_\_\_ VW ID (if known): \_\_\_\_\_

Month/Year of Graduation: \_\_\_\_\_ Degree Received: \_\_\_\_\_ Major: \_\_\_\_\_

### Address To Mail VWU Diploma

Name: \_\_\_\_\_

Street 1: \_\_\_\_\_ Street 2: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

By my signature below, I certify the information I provided is true and correct to the best of my knowledge.