



DUPLICATE DIPLOMA REQUEST FORM

*Please print out and complete the form below. Please note: duplicate and/or reissued diplomas or certificates are printed with the current commencement officials' signatures.
Please note: Fee will not be processed until verification of degree/certificate is confirmed by The Office of the Registrar.*

Submit the completed form to:

Benedictine University
Student Accounts Office
5700 College Rd
Lisle IL 60532
Fax: (630) 829-6501
Email: SAR@ben.edu

Please Print

Name: _____ Student ID: _____

Other Name(s) Used While Attending (if applicable): _____

Date of Birth: _____ Daytime Phone: _____

****Permanent mailing address (where diploma/certificate is to be mailed)****

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Dates of Attendance or Graduation: _____

Academic Program While Attending: _____

Requested Duplicate Degree Earned: _____

Requested Duplicate Certificate (if applicable): _____

Payment Information:

\$25 x _____ Diploma(s) = \$ _____ { 3 to 5 business days to process, then sent FedEx }

\$25 x _____ Certificate(s) = \$ _____ { 3 to 5 business days to process, then sent FedEx }

I allow Benedictine University to release my Diploma(s) and/or Certificate(s) to the (updated) address above. I understand that my Diploma(s) and/or Certificate(s) will not be sent/released if I omit my signature, withhold payment, or have an outstanding balance owed.

SIGNATURE: _____ DATE: _____

Method of Payment: Cash Check Visa MasterCard Discover American Express

Name on card: _____

Card number: _____ - _____ - _____ - _____ Expiration Date (mm/yy): _____ / _____ CVV: _____

For Official Use Only
Date Received: _____
Fee Processed: _____
Date Processed: _____
Receipt Number: _____