

REPLACEMENT/DUPLICATE DIPLOMA REQUEST FORM



ACOM - Office of the Registrar
445 Health Sciences Blvd., Dothan, AL 36303
Phone: 334-699-2266 • registrar@acom.edu

NOTE: Only notarized requests with the student's handwritten signature will be processed. Therefore, email and telephone requests cannot be honored. Replacement/Duplicate diplomas cannot be printed for anyone other than the graduate and may or may not be an exact replica of the original. Please allowed six to eight weeks for the order to be completed. The cost for a replacement diploma is \$50.00. Please include check or money order with this form and make payable to the Alabama College of Osteopathic Medicine.

PERSONAL INFORMATION: Please Print

NAME WHEN ATTENDED ACOM:

Last First Middle
Date of Birth (mm/dd/yyyy): ____/____/____

ADDRESS WHERE WOULD LIKE DIPLOMA SENT:

Phone Number: (____) _____ - _____ Email: _____

Program/Degree: _____

Date Awarded: (mm/dd/yyyy): ____/____/____

Reason for Request: _____

DIPLOMA INFORMATION: This form MUST be signed in the presence of a Notary Public

NAME AS YOU WANT IT TO APPEAR ON DIPLOMA: (If this is a change of name, please include copies of supporting documents - i.e. marriage certificate, court order, passport, social security card – expired documents are considered invalid)

Last First Middle
Student Signature: _____ Date: _____

NOTARY:

Sworn to and subscribed before me this _____ day of _____, 20 _____

Notary Public

County of: _____
State of: _____
Commission expires: _____

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