

REPLACEMENT/DUPLICATE DIPLOMA REQUEST FORM

ACOM - Office of the Registrar
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Phone: 334-699-2266 • Fax: 334-699-2268
Email: registrar@acom.edu



ALABAMA COLLEGE OF
OSTEOPATHIC MEDICINE

NOTE: Only 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. Size options may be limited based off Degree Awarded Date. Please allow 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 FOR DIPLOMA TO BE SENT TO:

Street Address: _____

City: _____ State: _____ Zip: _____

CONTACT INFORMATION:

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

DIPLOMA INFORMATION: Please Print

NAME AS YOU WANT IT TO APPEAR ON DIPLOMA:

NOTE: If this is a change of name, please include copies of supporting documents - i.e. marriage certificate, court order, passport, photo ID – expired documents are considered invalid. All supporting documents must be received before request is processed.

First Middle Last Prefix

Program/Degree: _____

Degree Awarded Date: (MM/DD/YYYY) ____/____/____

Diploma Size: (choose all that apply) 11" x 14" 8 ½" x 11" Wallet Digital

Reason for Request: _____

REQUEST VERIFICATION: Please Sign

Student Signature: _____ Date: _____