

**Student Administrative Services
Replacement Diploma Request**

Your name as it appears on the original diploma:

Last First Middle

Street Address

City State Zip/Postal Code Country

Phone Number: (_____) _____

Degree: _____ Year Graduated: _____

Date of Birth: _____ Student I.D. Number: _____

I hereby certify to the best of my knowledge and belief that my original diploma has been lost or destroyed subsequent to my graduation from the University.

Please note that diplomas are issued in the format currently used and bear the signatures of the present University officers. The statement "This diploma is reissued" and the date will appear at the bottom edge of the replacement of diploma. Only one replacement diploma will be reissued.

Signature: _____ Date: _____

Return this form via standard mail, fax, or electronic mail to:

**Registrar's Office
Western International University
1601 W Fountainhead Parkway
Tempe, AZ 85282**

Fax: 602.366.1457

Email: inquiries@west.edu

OFFICE USE

Degree Verification: _____

Date Initials

Financial Clearance: _____

Date Initials