

# TEXAS A&M UNIVERSITY-TEXARKANA

A Member of the Texas A&M University System

## APPLICATION FOR REPLACEMENT DIPLOMA WITH NEW UNIVERSITY NAME

Please print all information clearly or type your information.

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

**ATTENTION!!!** The name printed on your replacement diploma will reflect your legal name on file with the University. To receive a replacement diploma in another name, you must submit documentation of a legal name change to the Admissions Office. Acceptable documents for legal name change are driver's license, social security card, divorce decree or marriage license.

CWID or Last 4 Digits of SSN \_\_\_\_\_ Email : \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Daytime) \_\_\_\_\_ (Evenings) \_\_\_\_\_

Please indicate the degree that you received and the date. (Example: BA, BS, BAAS, BBA, MS, MED, MBA)

Degree Title: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Diplomas will be ordered approximately \*March 1<sup>st</sup>, \*June 1<sup>st</sup> and \*October 1<sup>st</sup>. Diplomas will be mailed (certified mail) if you have paid the mailing fee. Please provide your mailing address below. The University is not responsible for incorrect or incomplete address information. **PLEASE PROVIDE ACCURATE INFORMATION TO INSURE THAT YOU RECEIVE YOUR DIPLOMA.** CALL 903-223-3074 WITH QUESTIONS.

**TO INSURE ORDERS ARE PROCESSED IN A TIMELY MANNER, A CUT OFF DATE OF THE 15<sup>TH</sup> (OF THE MONTH PRIOR TO THE ORDER MONTH) IS NECESSARY.**

MAILING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Replacement Diploma Fees:** Diplomas are \$10.00 each \_\_\_\_\_ Mailing Fee \$10.00 \_\_\_\_\_

Make you check payable to: Texas A&M University-Texarkana (TAMU-T)

Mail Application and Check to: Texas A&M University-Texarkana  
Attn: Karen Dukes, Assistant Registrar  
7101 University Avenue  
Texarkana, TX 75503

.....  
Office Use Only

Date and Amount of Payment: \_\_\_\_\_ Date Diploma Ordered: \_\_\_\_\_

Date Diploma Received in Registrar's office: \_\_\_\_\_ Date Student Contacted: \_\_\_\_\_

Date Picked Up: \_\_\_\_\_ Date Mailed: \_\_\_\_\_ Initials: \_\_\_\_\_

Student Signature When Diploma Picked Up: \_\_\_\_\_

“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.”