

OFFICIAL REPLACEMENT DIPLOMA REQUEST
EAST CENTRAL UNIVERSITY RECORDS OFFICE
1100 E 14th PMB J-8 ADA, OK 74820-6999
FAX: 580-559-5432

Name _____
Last First Middle Former

Date _____ ID or SSN _____

Reason for Request

Name to be shown on diploma _____
(Print clearly)

*Signature of Person Making Request _____

Date of Graduation _____

Mail to _____

Email Address _____

Phone Number _____

Must Include:

- Copy of a Photo ID,
- Original Diploma, and
- Payment of \$25 (non-refundable) made payable to ECU (credit card payment may be made by phone @ 580-559-5227)

REC'D BY _____	DATE _____
ID COPY _____	HOLDS _____
LOG IN _____	DONE _____