Diploma Address Change (Photo ID Required)

Last Updated 2-22-24

Methods for Submitting Form

- Email from ecok.edu address (send to registrar@ecok.edu)
- FAX (580-559-5432)
- Submit in Person to Records Office (Suite 111 C. Spencer Administration Building)
- Copy of Photo ID Required must be clearly visible and legible

Purpose of Form

The form is ONLY to update the address where your diploma is to be mailed. This form will NOT update your permanent address on file with ECU. If you wish to update your permanent address, you must do so by signing-in to Colleague Self-Service.

Identifying Information			
First Name:			
Last Name:			
ECU ID:			
Date of Birth:			
Graduation Term (e.g., S	pring 2024):		
New Diploma Mailing A	ddress		
Street/Box/Route		City Sta	te Zip
Current Contact Inform	ation		
Phone Number:			
Best Email for Contact:			
Requestor's Signature *Your handwritten signa	ature is only required if su	bmitting this form in	person or by fax.
Signature: Date:			ate:
		ds Office Use Only	
Submitted by Email	Submitted in Person	Submitted by Fa	Initials of Processor