



Email: registrar@indwes.edu | Fax: 765-677-2662 | Tel: 765-677-2131

REQUEST FOR REISSUANCE OR DUPLICATE DIPLOMA

Submission Instructions

- 1. Please print and complete this form in its entirety and email, mail, or fax to the Registrar's Office as listed above.
- 2. Upon review of your form, the IWU Registrar's Office will send you an email with a ShopSite payment link.
- 3. A ShopSite receipt will be delivered to you and the Registrar's Office, at which time your diploma will be sent.

Name:(Last)	(First)	(Middle)	(Maiden)
Address:			
City:		State: Z	ip Code:
Home Phone #:		Cell Phone #:	
Student ID#:	or Date of Birth: _		
Year Graduated:	Email Address:		ease Print)
Type of Request		(Ple	ease Print)
Reissuance (Requests are for the	ose graduates whose na	me has legally changed. *	Please see statement
Duplicate (Requests are to repla	ace an original.)		
change in the form of a certified new name in full must be provid reissued.	copy of a marriage l	icense, court order, or d	
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change in the form of a certified new name in full must be provid reissued. Document attached Name (as you wish it to Please list the number of diplo\$15 for each standard diplor Please circle which diploma(s) you are request	appear on diploma): omas requested by ma \$20 f ting: \$25 f d USPS within 2-3 da	reach degree type. Tor MBN dual degree For each doctoral diploma ys of receiving your received.	ease Print) \$10 for each diploma coverages.