

Office of the Registrar  
3300 South Federal Avenue 104 MB  
Chicago, Illinois 60616  
Tel 312.567.3100  
Fax 312.567.3313



## Diploma Reorder Form

*The cost is \$50.00 per diploma. Processing & production time is 4 to 6 weeks.  
To ensure delivery, diplomas will only be shipped via UPS to valid addresses in the USA.  
US Postal Service - First Class Rate will be used to mail diplomas to all other addresses.*

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**Illinois Institute of Technology will print your name on the replacement diploma as it appears on file with the university. If you would like to have your name appear differently, you must submit valid proof of this name by filling out a request for Name Change as described on our website, <http://registrar.iit.edu>**

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**Please print legibly**

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|       |        |      |        |
|-------|--------|------|--------|
| First | Middle | Last | Suffix |
|-------|--------|------|--------|

Social Security Number or CWID \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years Attended: Start \_\_\_\_\_ End \_\_\_\_\_ Graduation Date \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Major \_\_\_\_\_

All correspondence regarding this request will be mailed to the address below.

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|                |             |
|----------------|-------------|
| Street Address | Apt/Suite # |
|----------------|-------------|

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|      |       |          |         |
|------|-------|----------|---------|
| City | State | Zip Code | Country |
|------|-------|----------|---------|

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|                |               |
|----------------|---------------|
| E-Mail address | Daytime phone |
|----------------|---------------|

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|                      |      |
|----------------------|------|
| Signature (required) | Date |
|----------------------|------|

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Mail diploma to the address above.       UPS World Wide delivery to addresses outside of the USA (extra \$35 charge)  
 Hold diploma for pick-up.

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Payment Options (circle one)    VISA    MasterCard    Discover    Check    Money Order

Card Holder's Name \_\_\_\_\_

Card/Check# \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_    Charge/Check Amount \$ \_\_\_\_\_

Signature \_\_\_\_\_

Mail or fax the completed form to the to the address or number at the top of this form.