



VWU Diploma Replacement Request Form

CURRENT NAME

First Middle Last Suffix

Name While Attending Virginia Wesleyan (if different from above)

First Middle Last Suffix

Your diploma will be issued with name that is currently on your Virginia Wesleyan academic record. If your name has changed, and you want the reissued diploma with your new name, please print and mail this form with the legal documentation to support your name change.

Date of Birth: (MM/DD/YYYY) _____ VW ID (if known): _____

Month/Year of Graduation: _____ Degree Received: _____ Major: _____

Address To Mail VWU Diploma

Name: _____

Street 1: _____ Street 2: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

By my signature below, I certify the information I provided is true and correct to the best of my knowledge.

Signature: _____ Date: _____