



Replacement Diploma Request Form

Please note: Financial obligations to Fontbonne University must be satisfied in order to release diplomas. Request must be in writing, completely filled out, and signed by the graduate.

This request form can be:

Mailed to: Fontbonne University – Registrar’s Office – 6800 Wydown Blvd. – St. Louis, MO 63105

Faxed to: Registrar’s Office at 314-889-1487

Emailed to: registraroffice@fontbonne.edu

Name Student ID # or Last 4 SSN

Phone Number Other Name while attending Fontbonne University

Street Address City State Zip Code

Student Signature (physical signature required) Date

Request Replacement Diploma

\$25 fee for each Replacement Diploma, includes mailing in the United States, International mailing fees will vary

Number of Replacement Diplomas: _____ Total Fee: \$ _____

OR

MAIL TO:

Name/Department/Institution

Street Address City State Zip Code

Credit card information:

Visa MasterCard Discover

Number _____ Expiration Date _____ CVV Code _____

Paid with check number _____ Paid with cash