



DIPLOMA REPLACEMENT

**Email the completed form along with proof of payment to finance@galen.edu.bz and CC recors@galen.edu.bz

**Contact our Finance Office at finance@galen.edu.bz for mailing costs.

**Payments are to be made to our Galen University Limited Atlantic Bank Limited account # 100-166-491

I, _____, SS# _____ Diploma ID #D _____
(Print Name as on Original Diploma) (Social Security Number) (Applicable for Graduates from 2023 onwards)

I am requesting a duplicate diploma be printed to replace my original.

I graduated with a degree/diploma in _____ on _____.
(Month, Year)

Reason For Diploma Reissue: (check one)

- 1. Original damaged Return damaged diploma with this form.
- 2. Original lost or destroyed Provide complete details on an additional page.

Address: _____
Street Town/City District/ State Zip Country

Phone Number: _____

Applicant's Signature: _____

Justice of the Peace Information:

Signed before me on this _____ day of _____ 20_____

Print Name: _____

Signature: _____

Be sure to include:

- 1) Valid copy of Social Security Card
- 2) Damaged Diploma
- 3) Written description of lost or destroyed Diploma (If applicable)
- 4) Payment receipt of Reprinted Diploma

Diploma Type and Fees: (check one)

- For the diploma to be reprinted and available at the next graduation ceremony: \$175
- For rapid printing within two weeks: \$250

FOR OFFICIAL USE ONLY	
Finance Department	Records Department
Process By:	Process By:
Print Name:	Print Name:
Signature:	Signature:
Date:	Date: