



Request for Reissue of Diploma Form

Student Information/Authorization

Last Name:	First Name:	Middle Name:	
Maiden/Former Name(s):			
Social Security #:	Date of Birth:	Dates Attended:	
Address:	City:	State:	Zip:
Email:		Phone:	
<p>Your reissued diploma cannot be released/processed without your signature. Electronic signatures are not accepted. I affirm that I am the above-named student. In compliance with FERPA, I hereby give written consent and authorize Trinity College of Nursing & Health Sciences to reprint my diploma as ordered, and understand that this is a ceremonial document.</p>			
Signature:		Date:	

Cost

\$60.00 per reissue diploma order

Payment

- Cash (do not mail cash) Amount: \$ _____
- Check or Money Order Amount: \$ _____
(Made payable to Trinity College)
- Credit Card (Visa, Master Card, Discover or American Express)

Card # _____

Expiration: _____ Security Code: _____

Amount: \$ _____

Authorized Signature:

Name as it is to appear on reissued diploma:

(If this name is different from the official name on file, legal documentation of a name change will be required.)

Submission:

Duplicate diplomas will not be issued to individuals with a business hold on their account. Once the hold has been released, the individual may request a duplicated diploma.

Submit the completed form with payment to:

Mail: Trinity College of Nursing & Health Sciences
2122 25th Ave
Rock Island, IL 61201

Fax: 309.779.7748

Email: TQCStudentServices@trinitycollegeqc.edu

Note: Reissued diplomas will contain a statement indicating that this is a re-issued diploma and will bear the signature of the current Chancellor and governing board chair.