

TNTC

The National Teachers College

OFFICE OF THE REGISTRAR

REQUEST FOR REPLACEMENT OF DIPLOMA FORM

Section I. Student Information

Date: _____ Social Security Number _____ DOB _____

Name: _____ Email _____
Last First Middle

Current Address: _____
Street City State Zip

Please list degree and year received: _____

Signature _____ (I certify that all information above is accurate.)

Reason for replacement:

Section II. Delivery Method

USA Delivery

3 weeks \$50 (standard)

2-3 days \$100 (expedited)

International Delivery

3 weeks \$80 (standard)

3-5 days (expedited)

Section III. Payment Information

Please select method of payment:

_____ Check/Money order _____ MasterCard _____ Visa _____ Discover

Total Amount: _____

Name of Cardholder: _____ Signature: _____

Billing Address: _____
Street City State Zip

Credit Card Number: _____ Expiration: _____ CCV# _____

Section IV. Submission

Please print, sign and then mail this form to: **The National Teachers College • P.O. Box 21395
Cleveland, Ohio 44121**