



ALVERNO COLLEGE
ESTABLISHED 1887

REPLACEMENT DIPLOMA ORDER FORM

Return to:
Registrar's Office
Alverno College
PO Box 343922
Milwaukee, WI 53234-3922
414-382-6370

registrar@alverno.edu
Fax: 414-382-6478

COST: \$30

Please call after sending to ensure your request was received

Personal Info

Student ID or SSN: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____

Degree Information

Name to Appear on Diploma: _____

Degree Received: _____ Date Conferred: _____

Shipping Address (Leave Blank If Picking Up)

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Payment. We accept cash, check or credit/debit card. If paying by card:

Credit/Debit Card Number _____

Expiration Date _____ CVV _____

OFFICE USE ONLY
HOLDS CHECKED: _____
AMOUNT PAID: _____
DATE: _____
SPREADSHEET: _____