



**Baker
College**

Student ID: _____
(Or date of birth)

Name you would like to have displayed on your diploma:

Year Graduated: _____

Degree/Major: _____

Mail Diploma to:

Name

Street Address

City/State/Zip code

Please note: If information is different from the current Academic Record, please provide identification.

Please amend my academic record to reflect the changes to my address and/or my name as indicated on this form.

Phone: _____ Email: _____

\$35.00 Replacement Fee (Hard Copy):

\$50.00 Replacement Fee (eDiploma for graduates from Fall 2018 and earlier)

Pay fee online:

<https://commerce.cashnet.com/BAKERBMF>

Pay your replacement fee online through the website provided and choose replacement diploma. Please send a copy of your payment receipt and this completed form to onestop@baker.edu.

For questions, please contact onestop@baker.edu

Your signature below authorizes Baker College to order your diploma as directed on this form.

Date of Request: _____ Signature _____