



**Cost for Replacement Diploma or Certificate is \$50.00 USD**

**Please provide the following information:**

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_____	_____	_____	_____
Year of Graduation	Degree	Date of Birth	Last 4 of SSN

\_\_\_\_\_  
Name under which your diploma was issued

\_\_\_\_\_  
Reason for Replacement

**Please provide your current mailing information:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

_____	_____	_____	_____
City	State/Province	Country	Zip/Postal Code

**Cleveland Institute of Music  
Office of the Registrar  
11021 East Blvd.  
Cleveland, Ohio 44106**

**I certify that all information contained above is correct and accurate to the best of my knowledge.**

_____	_____
<b>Signature</b>	<b>Date</b>

**Method of Payment**

Check <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Credit Card Number: _____ Cardholder Zip Code _____ Exp. Date _____ Cardholder Name: _____ Signature of Cardholder: _____
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FOR OFFICE USE ONLY:	
Date Received: _____	Hold on Account? Yes No Type: _____
Date Order: _____	Date Sent: _____