



Office of the Registrar
ABAC 7, 2802 Moore Hwy
Tifton Georgia 31793-2601
Telephone: 229-391-5007
Email: Registrar@abac.edu

Request for a Replacement Diploma, or Certificate

Name: _____ Date of Birth: _____

Name as it appears on our records, if different: _____

ABAC ID# or SSN: _____

Date of graduation: _____

Current mailing address: _____

Home Phone: _____ Work or Cell Phone: _____

Please check the category that best describes your request:

____ For students requesting a replacement or duplicate diploma, or certificate, who graduated less than one year ago the replacement fee is **\$20.00** per diploma, or certificate.

____ For students requesting a replacement or duplicate diploma, or certificate, who graduated more than one year ago the replacement fee is **\$50.00** per diploma, or certificate,.

Should you choose to pay by debt or credit card there will be an additional \$3.00 card processing fee added to the replacement fee. Please contact the Student Financial Services Office at 229-391-4910 OR you may enclose your payment along with this request and submit by mail to the above address.

After the diploma request and payment has been received, it will be processed within 7 business days.

Signature of the Student:

_____ Date: _____