



REQUEST FOR REPLACEMENT DIPLOMA OR NURSING PINS

Your request must be legible, please TYPE or PRINT clearly!

Fees Per Request:

- Replacement Diploma: \$40.00
- Replacement Nursing Pin for Diploma in Nursing and Associate Degree in Nursing \$25.00
- Replacement Nursing Pins for Bachelors of Science in Nursing \$50.00

Mail to: _____

Name

Address

City, State, and Zip Code

Current Name: (Please PRINT) _____

List ALL Former Names: _____

Last Four of Social Security/ID Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

I last attended TCCNHS or TCH School of Nursing: Year: _____ Graduation Year(s): _____ and _____

Check all Degree(s) earned at this institution: Diploma in Nursing A.A.S. in Nursing B.S. in Nursing
 A.S. in General Studies B.S. in Healthcare Administration

Printed Name as wanted on Diploma: _____

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- Most Human Resources Departments will also accept an Unofficial Transcript instead of a Diploma. Please contact your HR Department to see which is acceptable.
- Diploma services are withheld for any student who owes the College money or property.
- Diplomas may take up to 30 days to process from the time the Registrar's Office receives the request. Diplomas are printed by a third-party vendor and will be mailed to the address listed.
- Replacement Pins may take up to 2 weeks to process from the time the Registrar's Office receives the request. Pins are ordered from a third-party vendor.

Alumni Signature

Date

Send Cash or Check Payment along with this Form to:
 The Christ College of Nursing and Health Sciences
 Registration and Records Office
 2139 Auburn Avenue
 Cincinnati, Ohio 45219
 Phone: 513-585-0365
 Email: perry.carroll@thechristcollege.edu

Fax this request to 513-585-3448 or
 scan request to perry.carroll@thechristcollege.edu.

-OR-

Office Use Only:

Fee Paid _____

Cash / CK # _____

Mailed: _____

Date: _____

If paying by Credit/Debit card, please complete the information below (this information will be destroyed after processing):

Mastercard Discover Visa American Express

Card No. _____ Exp. Date _____ CW _____

Billing Street/P.O. Address #: _____ ZIP: _____