



## REPLACEMENT DIPLOMA APPLICATION

Office of Academic Records  
The Southern Baptist Theological Seminary

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**INSTRUCTIONS:**

Type your name **exactly as it appeared on your original diploma.**

A fee of \$25.00 is required with this application (cash or check). Please make checks payable to **The Southern Baptist Theological Seminary.**

Mail the completed application and fee to the address listed below.

**Name:**

**Social Security Number:**

**Degree:**

**Date of Birth:**

**Date conferred:**

**Complete address to which the new diploma should be mailed:**

**Phone Number:**

**Email Address:**

**Date:**

**Signature:** \_\_\_\_\_

**Please return completed application and fee to:**

The Southern Baptist Theological Seminary  
Office of Academic Records  
2825 Lexington Road  
Louisville, KY 40280