



# Back Dated Diploma Request

Office of Records & Registration  
Daytona Beach Campus  
600 S. Clyde Morris Blvd.  
Daytona Beach, FL 32114-3900

PLEASE PRINT CLEARLY your name, as you would like it to appear on your diploma:

\_\_\_\_\_

First

Middle

Last

SSN / ERAU ID #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Degree Level  Associate  Baccalaureate  Master

Completion Date: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Number of diplomas @ \$40 each: \_\_\_\_\_

Mailing address for diploma: \_\_\_\_\_

Total amount due ERAU: \_\_\_\_\_

Please send cash, check or money order.

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_