

REPLACEMENT DIPLOMA REQUEST FORM

Thank you for inquiring about a replacement diploma. Please read the following instructions and fill out the form below as completely as possible.

Your new diploma:

- 1. Will bear the date of the original, but will be signed by the administrators now in office.
- 2. **Must** bear the name under which your degree was issued unless appropriate documentation is submitted for a name change. Because your records are sealed on the date your degree was conferred, you may not change or add names on official documents.
- 3. Will be issued in the form in current use and may not exactly match your original diploma.

If your original diploma has been damaged, we ask that you return it to the Registrar's Office where it will be destroyed.

			ay by check or money order payab MC, Visa, or Discover) ~ information	
Name, EXACTLY as it appears on your card Account Number				Zip Code
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	Mailing Address: Scan:	_	llege, Registrar's Office, 98 Bridge St., I d form with your signature to: registra	•
1.	NAME: Please print your name in upper-and lower-case. Name must match the name under which you attended			
3.	Graduation Date (Month	n/Year):	· 	
4.	Degree:			
5.	Where should we send th	-		
6.	Contact Information:			
	 Telephone 			
	• Email			
SIGNATURE:			DATE:	