

## University Registrar's Office 8 Ashburton Place, Boston, MA 02108

\_Date: \_\_\_\_\_

## Duplicate/Replacement Diploma Request Form

| Personal Information   |                      |                            |
|--|----------------------|----------------------------|
| Diplomas and certificates will be reprinted with the graduate's name as it appeared on their official university records at the time of degree conferral. Name changes may occur, provided a Name Change Form and supporting documentation are submitted with this request form. |                      |                            |
| Name as it appears on original diploma/certificate (please print):   |                      |                            |
|  |                      |                            |
| Current Name (if different from above):  | First                | Middle Initial             |
| tudent ID:Date of Birth:   |                      |                            |
| Email: Telephone:  |                      |                            |
|  |                      |                            |
| <u>Degree Information</u> Please note: Diploma/Certificate replacements are issued in our current style and size.  |                      |                            |
| Degree/Certificate Earned:   |                      |                            |
| Date Awarded: Dates of Attendance:   |                      |                            |
|  |                      |                            |
| Payment and Delivery Options   |                      |                            |
| The cost to order a replacement diploma or certificate is \$10.00 per copy. All payments are due in advance in the form of cash, check or money order; requests will not be processed until payment is received.   |                      |                            |
| The processing time is 3 to 5 business days from the date the order is submitted.  |                      |                            |
| Number of Copies:  | Delivery Metho       | d:                         |
| Form of Payment:   | Pick Up              |                            |
| Online Cash Money Order*   | Check* Mail – A      | Address:                   |
| *Checks should be made payable to Suffolk University.  |                      |                            |
| If you have any questions, please contact the Office of the  | Decistrer at 617 557 | 2010 or at pro@cuffolk adu |

Student Signature (Required):