

Duplicate Diploma Request Form

Last Name: _____ First Name: _____ Middle Name: _____

EmplID or Last 4 of SSN: _____ Date of Birth _____

Telephone: _____ E-mail: _____

Address: _____

City: _____ State: _____ Zip code: _____

Degree Type Earned (i.e. BA, MA, ME): _____ Graduation Date (i.e. May 1992): _____

I, _____, request a duplicate diploma for the following reasons:

The original diploma was (please check one): Lost Stolen Destroyed Name changed

Note: If name change is selected, you MUST provide a social security card with the new name change and any one of these documents: court order, marriage license, or divorce documentation. Original diploma must be returned to the Registrar's Office.

Signature: _____ Date: _____

Check one below:

If you are requesting for your diploma to be mailed, **please enclose a self-addressed prepaid envelope (U.S. Mail, DHL, FedEx, etc.) with your Diploma Mail Request Form. The prepaid envelope must be at least 9 ¾ x 12 ½ for the mailing of the diploma.**

I would like to **pick up** my diploma at the Registrar's Office.

Send Money Order or Check in the amount of \$30.00 payable to:

The City College of New York
Office of the Registrar
160 Convent Avenue, Room A-102
New York, NY 10031



State: _____ County: _____

Sworn before me this _____ day of _____, 20____

Notary

Place notary stamp in box

The City College of New York regrets that we cannot be responsible if the diploma is lost, stolen, or damaged in the mail. In the event that you do not receive your diploma or it is damaged, you will be responsible for re-ordering a replacement copy and all associated fees. Thank you for your understanding.