## SUNY MORRISVILLE

## **REPLACEMENT DIPLOMA REQUEST FORM**

Replacement diplomas are reissued for a fee of \$25.00. Diploma covers are an additional \$15.00. Please include check or money order made payable to SUNY Morrisville. Credit card/debit card payments can be made by calling Student Accounts at 315-684-6069. Complete the information below, and return this form with payment to Registrar's office.

Please print your name clearly as it will appear on the diploma:

First		Middle	Last	
Former/Maiden Name:				
(If you are requesting a diplo	ma in a name other the	an the one in which y	our diploma was originally i	ssued, you must provide
documentation of name chai	nge e.g., copy of a mari	riage certificate, divo	orce decree, etc.)	
Date of Birth:				
Major:	Degree	e Awarded:	Date Awarded:	
Contact Phone Number: Email for digital diploma:				
(Once your replacement requ	-	ke any changes to thi		iy dudress. Tou will have 72
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	Apt. No	City	State	Zip
Street/P.O. Box				Zip
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Street/P.O. Box		City RETURN REQUEST SUNY Morrisvill Office of the Regis	State Date <b>TO:</b> e	Zip
Street/P.O. Box Signature		City RETURN REQUEST SUNY Morrisvill Office of the Regis P.O. Box 901	State Date <b>TO:</b> e strar	
Street/P.O. Box Signature	Apt. No	City RETURN REQUEST SUNY Morrisvill Office of the Regis P.O. Box 901	State Date <b>TO:</b> e	
Street/P.O. Box Signature For Office of the Registrar	Apt. No Use Only:	City RETURN REQUEST SUNY Morrisvill Office of the Regis P.O. Box 901	State Date TO: le strar 408	
Street/P.O. Box Signature	Apt. No Use Only:	City <b>RETURN REQUEST</b> SUNY Morrisvill Office of the Regis P.O. Box 901 Morrisville, NY 13 ssued: Yes No _	State Date TO: le strar 408	