

DIPLOMA REPLACEMENT FORM

****This form must be notarized and the reason for replacement must be noted (i.e. lost or damaged and how diploma was damaged)**
(PLEASE ALLOW APPROXIMATELY 2-3 MONTHS FOR PROCESSING)**

STUDENT INFORMATION:

Name _____ Date of Request _____
Address _____ UID # _____
_____ Email _____
Phone # _____

NAME AS IT APPEARED ON YOUR DIPLOMA _____

DATE OF GRADUATION _____ SCHOOL ATTENDED SAS SON GRS GNU SNR

REASON FOR REPLACEMENT _____

SIGNATURE OF STUDENT (sign in the presence of Notary) _____

NOTARY STAMP:

Mail notarized request & \$25.00 (check or money order made payable to The College of New Rochelle) to:

The College of New Rochelle
29 Castle Place
New Rochelle, NY 10805

Att: Diane Luisi – Diploma Specialist – Registrar’s Office
(914) 654-5215

OFFICE USE ONLY:

Paid: _____ Accepted By: _____ (Initials) Mailed ___/___/___ By: _____ (Initials)