

DIPLOMA REPLACEMENT

Last Name (when you graduated)	First Name	MI	Adelphi Student ID Number (or SSN, for identification purposes)
Name (if different from above) as yo would like it to appear on your diplor	u ma*		
record. If your name to submit a completed	oma must match your name as it ap has changed since you last attende I Change of Personal Identification ation as identified on that form.	ed the Univers	rity, you will need
Degree Awarded	D	ate Awarded	
Address where the diploma is to be mailed			
Phone Number	Email		
Please sign below to indicate your u	nderstanding of the following:		
	ement diploma will reflect the degre the signatures of the current Unive		
I understand that the diplom	a will display the notation "Replace	ment Diploma	a"
I understand that this reques	st will not be processed if there are	any outstand	ing obligations to the University.
I understand that this reques	st will take approximately six to eigl	nt weeks to pr	rocess.
Signature		Date	9

Return this completed form along with payment of the \$25 Diploma Replacement Fee (made payable to Adelphi University) to the Office of the University Registrar, located on the lower level of Levermore Hall, or mail to Adelphi

University, Office of the University Registrar, One South Avenue, PO Box 701, Garden City NY 11530.