

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 you
would like it to appear on your diploma* _____

**Note: The name on the diploma must match your name as it appears on your official Adelphi record. If your name has changed since you last attended the University, you will need to submit a completed Change of Personal Identification form along with the appropriate supportive documentation as identified on that form.*

Degree Awarded _____ Date Awarded _____

Address where the
diploma is to be mailed _____

Phone Number _____ Email _____

Please sign below to indicate your understanding of the following:

- I understand that the replacement diploma will reflect the degree information at the time of my graduation, but that the diploma will display the signatures of the current University administration.
- I understand that the diploma will display the notation "Replacement Diploma"
- I understand that this request will not be processed if there are any outstanding obligations to the University.
- I understand that this request will take approximately six weeks to process.

Signature _____ Date _____

Return this completed form along with payment of the \$25 Diploma Replacement Fee (made payable to Adelphi University) to the One-Stop Student Services Center, located in Room 8 of Levermore Hall, or mail to Adelphi University, One-Stop Student Services Center, One South Avenue, PO Box 701, Garden City NY 11530.