



**CHESTNUT
HILL
COLLEGE**

Duplicate or Replacement Diploma Request

Please indicate:

This is a request for a **duplicate** diploma_____ (original/replacement is in my possession); or

This is a request for a **replacement** diploma_____ (original/replacement has been lost or damaged).

Name	
Date of Birth	
Student Number (if known)	
Degree Received	
Year of Graduation	
Street Address	
City	
State	
Zip	
Phone Number	
How would you like your name to appear on the diploma?*	

Graduate or Undergraduate Diploma: **\$37.50** each.

Doctoral Diploma: **\$150.00** each.

With my signature I certify that I am the person named above and that the information provided on this form is true and correct. I understand that the name on my electronic academic records will be updated to match the name on my diploma and that I will not receive a duplicate or replacement diploma if I have financial obligations to the College. I have included:

_____ a copy of a current and valid government issued photo ID clearly indicating my legal name*, and
 _____ a check or money order made payable to Chestnut Hill College in the correct amount.

Signature:_____ Date:_____

*** If your name has changed since you attended . . .**

Name Change Due To . . .	Please Also Provide This Additional Documentation:
Marriage	Copy of marriage license
Legal Name Change	Copy of name change documentation (court order)
Divorce	Copy of divorce decree

If you have any questions, please call 215.248.7005.

Please return this form along with payment and the required documentation to:

Office of the Registrar
 Chestnut Hill College
 9601 Germantown Ave.
 Philadelphia, PA 19118