



Duplicate or Replacement Certificate Request

This is a request for a **duplicate** Certificate _____ (original/replacement is in my possession). OR
This is a **replacement** Certificate _____ (original/replacement was lost or damaged).

Name			
Birth Date		Student # - if known	
Year of Completion		Certificate Area	
Mailing Address			
City <u>and</u> State		Zip	
Email Address			
Daytime Phone #			
How would you like your name to appear?*			

With my signature I certify that I am the person completing this form and the information provided is correct. I understand that the name on my academic records will be updated to match the name on my diploma and that I will not receive a duplicate or replacement Certificate 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 money order made payable to Chestnut Hill College in the correct amount OR credit card information
 All Certificates: \$10.00 each How many copies of this Certificate would you like: _____

Name on card, if different than yours: _____

																			M	M	Y	Y				
<i>Credit Card Number</i>																<i>Expiration Date</i>				<i>3- or 4-digit code</i>						

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

Please return this form along with payment and the required documentation to:
Office of the Registrar OR regsitrar@chc.edu
Chestnut Hill College
9601 Germantown Ave.
Philadelphia, PA 19118
Phone#: 215.248.7005