

## DIPLOMA REPLACEMENT REQUEST

STUDENT ADMINISTRATIVE SERVICES
BOX 5575
POTSDAM, NY 13699-5575
P. 315-268-6451 · F 315-268-6452
registrar@clarkson.edu

To order a replacement diploma, please return this form with payment to Student Administrative Services. The replacement diploma fee is \$30 per diploma, payable by check or credit card. Processing and delivery generally take three to four weeks. If you need your request expedited please indicate the date it is desired below. An additional charge of \$30 is required for a total of \$60. No diploma request will be prepared for anyone whose financial obligations to the University have not been met.

PRINT CLEARLY (in	dicate name	used while enroll	ed)		
Student Number:	OR SS #:				
Name:					
	Last First			Middle	
To assist us in locating ☐ Clarkson Universit		ease indicate which i nion Graduate Colle		ur degree:	
Current Address:				Phone No.	
Email Address:					
D 1 (D: 1)			V		
Date of Birth:			Year	of Graduation:	
Degree/Major:					
				ate Requested by:	
 Student signatu	re				
	Signa	ture authorizes pay	ment and release of	academic information.	
Number of co	oies:	Diploma Fee	e is \$30.00 per copy, i	f expedited \$60.00 per copy	
PLEASE INDICATE METHO	D OF PAYMENT	:		*CREDIT CARD BILLING ADDRESS:	
☐ Check				Street:	
Credit Card*:	☐ Visa	☐ MasterCard	Discover	City:	
card number				_	
security code (3 digits)		exp. date (MM)	YYI	State: Zip:	

We recommend that you do not send personal information such as a credit card or social security number via emai