

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