



Name (while attending RWC) _____
(Print Clearly)

Month and Year of Graduation _____ Degree (i.e. BS, MED, etc) _____

Last four digits of your Social Security Number _____

Phone No. _____ Email _____

Address _____
Street City State Zip

I would prefer to _____ pick up my diploma.

I would prefer to _____ have my diploma mailed to the above stated address.

Reason for request of new diploma _____

Name as desired on diploma _____
(Print Clearly)

Signature _____ Date _____

A fee of \$40.00 will be charged for the new diploma at the time of this request. Payment may be made using check, money order, cash, or credit card. Please allow at least 6-8 weeks for reordering.

Please check one: _____ Discover _____ MasterCard _____ Visa

Name on card: _____

Credit Card Number: _____ Expiration Date: _____

Enter your 3-digit card verification value (Required): _____ (see example below)

VISA, MASTERCARD, DISCOVER



If your request for a duplicate diploma is due to a name change the following is required to be submitted with this request. If either of these items is missing request cannot be processed.

- A copy of the legal document giving proof of name change and original diploma

Please return this entire form to the Registration Office.

2301 Westside Drive Rochester, NY 14624 Fax 585.594.6925

For Office Use Only:		Paid:	
Request received	Diploma Ordered	Diploma Returned	Diploma Delivered