



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.

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
- Original diploma be returned

**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