OFFICE OF STUDENT ASSISTANCE
REPLACEMENT DIPLOMA APPLICATION
Please mail to Pace University (NYC) Office of Student Assistance
One Pace Plaza, New York, NY 10038. Any questions call 1 (877) 672-1830

<table>
<thead>
<tr>
<th>STUDENT ID NUMBER</th>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE</th>
</tr>
</thead>
</table>

If this is a new address/phone #, please indicate what you would like to be updated on your record

<table>
<thead>
<tr>
<th>STREET ADDRESS/P.O. BOX</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>PHONE NUMBER</th>
</tr>
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</table>

The Office of Student Assistance (OSA) will order a replacement diploma if the original has been damaged or lost or if there has been a change of name. You must provide proof of name change by filing a General Change Form.

(Available online www.pace.edu/osa/forms)

Original diploma must be returned to Pace University when requesting a replacement due to damage or a name change. Enclose with this application a $50.00 check payable to Pace University, as well as copies of two (2) proofs of identification from the following choices: passport; birth certificate; driver's license or social security card. In addition, verification of your signature by a Notary Public is required. Replacement diplomas display the signature of the current Pace President, the current diploma style and the original date the degree was awarded. Please allow 6 weeks for processing.

PLEASE BE ADVISED THAT THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY!

I certify that my diploma was: □ Lost □ Damaged □ Name Change (Along with General Change Name Change)

Name on original diploma: ____________________________

First

Middle

Last

Name changed to: ____________________________

First

Middle

Last

Date of birth (mm/dd/yyyy) ____________________________

School/College attended at Pace ____________________________

Home Campus ____________________________

Degree awarded ____________________________

Date of award ____________________________

Degree awarded ____________________________

Date of award ____________________________

Honors:

(Example: Cum Laude, Magna Cum Laude, Summa Cum Laude, With Distinction)

SHIPPING ADDRESS

Street Address ____________________________

Alumnus Signature ____________________________

Date ____________________________

Notary's Signature ____________________________

Stamp ____________________________

E-Mail ____________________________

FOR OFFICE USE ONLY:

□ NOTARIZED SIGNATURE □ FEE PAID ($5840) □ DOCUMENTATION COPY ATTACHED

□ SHADIPPL □ DIPLOMA SENT DATE

□ STUDENT NOTIFIED OSA Advisor ____________________________ DATE ____________________________

Updated 7/2015