

# Office of the Registrar

## REPLACEMENT DIPLOMA APPLICATION



Please mail to: The Office of the Registrar  
861 Bedford Road, Pleasantville, NY 10570

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MIDDLE
If this is a new address/phone #, please indicate what you would like to be updated on your record <input type="checkbox"/> Address <input type="checkbox"/> Telephone			
STREET ADDRESS/P.O. BOX	CITY	STATE	ZIP CODE
		PHONE NUMBER	

The Office of the Registrar 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.

**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 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Stamp \_\_\_\_\_

E-Mail \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		
<input type="checkbox"/> NOTARIZED SIGNATURE	<input type="checkbox"/> FEE PAID (\$840)	<input type="checkbox"/> DOCUMENTATION COPY ATTACHED
<input type="checkbox"/> SHADIPL	<input type="checkbox"/> DIPLOMA SENT _____ DATE _____	
<input type="checkbox"/> STUDENT NOTIFIED: Registrar Office: _____ DATE _____		