

UNION

Graduate College

REPLACEMENT DIPLOMA ORDER FORM

Please print and fill out form below. Send, along with \$40.00 fee, to the Registrar's Office at:

**Union Graduate College
Office of Student Services
80 Nott Terrace
Schenectady, NY 12308**

Name on Original Diploma _____
ID # (or SS# if you don't remember ID#) _____
Degree _____
Degree Date _____ Approximate Dates of Attendance _____
Address:(for mailing diploma) _____

Notarized Statement for Replacement Diploma / Change of Name:

Please check the following:

_____ My original diploma was lost or destroyed. (If destroyed, please return remains of original diploma)

_____ My original diploma was never received.

_____ My name has been legally changed, and I am requesting that my name be changed on the diploma. (Please return original diploma along with proof of legal name change)

_____ to _____
NAME ON ORIGINAL DIPLOMA *NAME TO BE PRINTED ON NEW DIPLOMA*

I, _____, hereby request a replacement diploma and attest that the above information is accurate.

Signature: _____ **Date:** _____

STATE OF _____)
COUNTY OF _____) ss:

On this ____ day of _____ in the year Two Thousand _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC