

## **OFFICE OF THE REGISTRAR**

o. (201) 684-7695 | f. (201) 684-7956

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## **REPLACEMENT DIPLOMA REQUEST**

The cost of a replacement diploma is \$30.00. Payment can be made by cash or check (payable to Ramapo College). If you are requesting a replacement due to a name change, and the name change was not already requested, you must submit a Student Name Change Request form along with this form.

## **Student Information**

R#	, or, if prior to Fall 2006, <b>SS#</b>		
Date of Birth:			
Student's name as it sh	ould appear on diploma:		
First	Middle	Last	
If requesting a replacen	nent due to a name change, pleas	se indicate the name that wa	s on original diploma:
First	Middle	Last	
Reason for replacemen	t diploma request:		
	Mailing Addre	ess for Diploma	
Address:			
Address 2/Apt:			
City:	State/Province:	Zip/Postal:	Country:
Current Email:		Cell Phone*:	
			*Used to provide a digital diploma
-	replacement diploma will reflect t nately 6-8 weeks for processing a	-	ration. Replacement
SIGN HERE Student's Signature:			Date:
Registrar Use Only			
Date Rec'd:	Fee Rec'd:	Diploma Ordered:	Drawer Checked
Major:	Honors:	Balance:	Holds:
Grad Date:			Revised 1/25
ramapo.edu →			napo Valley Road , NJ 07430