

REPLACEMENT DIPLOMA/CERTIFICATE REQUEST FORM

Submit in person to:

Office of Records and Registration Warren Hall Monday-Friday, 8:00 AM-4:00 PM 518-743-2279 <u>Mail Request to:</u> SUNY Adirondack Office of Records and Registration 640 Bay Road, Warren Hall Queensbury, NY 12804

Dear Alumnus/a,

The Adirondack Community College diploma is a unique document; neither copies nor duplicates are available. If your original diploma has been lost or damaged, you may order a replacement. Replacement diplomas follow the current diploma format.

If you wish to request a replacement diploma, complete and return the form below. A notarized signature is required for your protection. Your request must be accompanied by a check made payable to SUNY Adirondack or a receipt showing online payment. The charge is \$25.

REQUIRED INFORMATION:					
Name of Student (Last)	(First)	(Middle)	D	ate of Birth	
Spelling of name to appear on replac	ement (if the name is diffe	erent from above, pleas	e provide legal docu	imentation)	
Banner ID Number or Social Security	Number (if known)	Telephone	Email		
Graduation Year: Type	of Degree Received: 🗖 A		5 🗖 CERT 🗖 Uncert	ain	
Reason for Replacement: My previous diploma was of My previous diploma was l	-	or enclosed my previou	us diploma.		
Please print the mailing address whe	re the diploma should be	sent:			
Street Address		City	State	Zip	
Check or receipt enclosed: 🗖 \$25.00)				
<u>Signature</u> I hereby certify that the above inform requested above.	nation is true and I am the	person who received th	ne degree for the dip	oloma	
Signature: Date:					
(This section for notarizi	ng signature above)			
Subscribed and sworn by me this	day of				
Notary Public					
	Registrar Office	Use Only			
Updated: 06/06/2018	Date Processed	:	Initials:		