Duplicate Diploma Request

Last Name:_____ID#: 987-_____-_____ or SSN _____-_____-_____

First Name: _____

Name while attending Moore:_____Other previous names: _____

Current Address: _____
Street Apt. City State Zip

Current Phone Number: _____

Diploma will be mailed to your current address within 6-8 weeks.

Program: (check one)

- ❑ BFA (Bachelor of Fine Arts)
- ❑ PB (Post Baccalaureate)

Graduation Month/Year:_____ Major(s):_____

Minor(s) (if applicable):_____

Print your name below **exactly** as you wish it to appear on your diploma. If requested name is different than what is on file, please complete a Change of Name form and attach legal documentation such as a copy of a drivers license, social security card, divorce decree, marriage license and/or court authorized name change documentation.

_____

- ❑ Diploma with Cover $60.00
- ❑ Diploma without Cover $50.00

Personal checks are NOT accepted. If you mail a check, your request and check will be sent back to you. Requests being paid for with Money Orders must be mailed; payments made with a credit card must be prepaid by contacting the Business Office (215) 965-4098 prior to faxing your request to (215) 965-8538. If you have any questions, please call the Registrar's Office at (215) 965-4031.

Signature: _____ **Date:** _____

For Registrar's Office use only:
Date request recv'd: _____ ____ **PAID $**_____
Initials: _____ **Completion Date**: _____