



REQUEST FOR REPLACEMENT DIPLOMA

PLEASE CAREFULLY PRINT YOUR RESPONSES:

Name when you attended: _____

Student ID Number: N ____ _ Date of Birth: _____

Date of Graduation (semester and year): _____

Dates of Attendance: _____ Degree(s) and AOC(s): _____

The information provided above will be verified prior to processing your request.

NAME TYPE OR PRINT YOUR NAME **EXACTLY** AS YOU WOULD LIKE IT TO APPEAR ON THE DIPLOMA, CLEARLY INDICATING SPACING AND CAPITALIZATION
(Note: if you have changed your name, please fill out and attach a Name Change Request Form and acceptable legal documentation.)

FIRST: _____

MIDDLE: _____

LAST: _____

DIPLOMA MAILING ADDRESS - DO NOT LEAVE BLANK - DIPLOMA WILL BE MAILED TO THIS ADDRESS

Street/Box No: _____

_____ City State Zip Code Country (if other than US)

TELEPHONE NUMBER (including area code): _____

EMAIL ADDRESS: _____

SIGNATURE: _____ DATE: _____

There is a \$10.00 fee for each replacement diploma. Please mail a check, payable to New College of Florida, along with this request to:

**Office of the Registrar
New College of Florida
5800 Bay Shore Road
Sarasota, FL 34243-2109**

Please allow 2 weeks to process this request once it has been received.

Neither diplomas nor transcripts indicate the student's gender.

Office of the Registrar Use Only

Payment Received Holds Checked Diploma Mailed (date) _____