

FRAMINGHAM STATE COLLEGE
OFFICE OF THE REGISTRAR
Dwight Hall, Room 220
100 State Street
PO Box 9101
Framingham, MA 01701-9101
508.626.4545

Diploma Replacement Request

Please print clearly:

Name when Diploma was awarded: _____

Major(s): _____ Diploma Awarded: _____

Date of Graduation: _____
Month Day Year
If prior to Fall 1998, then only May or August dates are applicable.
After Fall 1998, December, January, May, or August dates are valid.

Dates of Attendance at the College: from: _____ to: _____

Social Security Number: _____ -- -- Date of Birth: ____/____/____
mm dd yy

Student's Current Name: _____

Current Address: _____

Daytime Phone #: (_____) _____ -- _____ ext: _____

The cost of a replacement diploma is \$100.00, made payable to **Framingham State College**. The diploma will bear the phrase "Re-Issued Copy" and the date of re-issue. The order may take up to sixteen weeks and, unless otherwise noted, the diploma will be mailed (certified return receipt requested) to the address listed above. (If this request is result of a legal name change, a copy of official documentation must be provided. In cases of a name change, the Registrar reserves the right to deny the request.).

Student's Signature: _____ Date: _____
(REQUIRED)

Notary Public: _____ Date: _____
(REQUIRED) Commission Expires on: _____

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Office of the Registrar use only:

\$100.00 Diploma Replacement Fee received on _____ Check #: _____ Cash
mm/dd/yy

Diploma date and Diploma major confirmed: _____ Date: _____ Diploma ordered: _____ Date: _____
Initials mm/dd/yy Initials mm/dd/yy

Diploma received and information checked: _____ Date: _____
Initials mm/dd/yy

Diploma mailed to or picked up by student: _____ Date: _____
Initials mm/dd/yy