



Diploma Replacement Request

Name when Diploma was awarded: _____

Name for Replacement Diploma: _____
(If this request is result of a legal name change, a copy of the legal documentation must be provided at time of request.)

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 University: from: _____ to: _____

Framingham ID Number: _____ Last 4 digits of Social Security Number: _____

Date of Birth: _____/_____/_____
mm dd yyyy

Student's Current Name: _____

Current Address: _____

Daytime Phone #: _____

Current Email Address: _____

The cost of a replacement diploma is \$50.00, made payable to **Framingham State University**. The replacement diploma will printed on current diploma stock using current signatures and the current name of the institution. The order may take up to sixteen weeks and, unless otherwise noted, the diploma will be mailed to the address listed above. (If this request is result of a legal name change, a copy of the legal documentation must be provided at time of request.)

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

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

Office of the Registrar use only:

\$50.00 Diploma Replacement Fee received on _____ Check #: _____ Cash Receipt #: _____
mm/dd/yy

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

If this request is result of a legal name change, a copy of the legal documentation has been provided with this request. Yes No

Included in Order Batch: _____ Date: _____
Initials mm/dd/yy