

OFFICE OF THE REGISTRAR



APPLICATION FOR REPLACEMENT DIPLOMA

Replacement diplomas reflect the current diploma format and display the current Dickinson president's signature.

I hereby certify that my original diploma was ☐ lost ☐ damaged ☐ *I have changed my name

☐ Replacement Diploma is for Apostille Process ☐ Employment ☐ Other: _____

NOTE: The original diploma must be returned to Dickinson College with this application when requesting a replacement due to damage or a name change.

There is a \$40 fee for the replacement diploma.

Name on original diploma:

First: _____ Middle: _____ Last: _____

Date of birth: _____ Degree awarded: ☐ B.A. ☐ B.S.

Date of award: _____ Honors awarded: ☐ Yes ☐ No

Name during attendance if different than above:

First: _____ Middle: _____ Last: _____

Mailing Address:

A street address must be provided. PO Box is not accepted.

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Email: _____

Your signature: _____ Date: _____

We mail for FREE to US locations.

If you are mailing outside the US, you must include a current MasterCard, VISA, Discover or American Express # along with the expiration date and CVV/CVC Code below. The Credit Card is for mailing purposes only and may include Customs and Duties charges.

Card Type and #: _____ Exp. Date: _____ CVV/CVC Code _____
(Visa/MC/American Express/Discover) (card verification code)

*For Name Changes Only

Name changed to:

First: _____ Middle: _____ Last: _____

In order to protect the integrity of the diploma process, we must request verification of your identity. Name change requests cannot be processed without your signature, as well as official documentation of the change. Please include a notarized copy of a marriage certificate, divorce decree or court order documenting the name change with this request, and a notarized copy of your driver's license, government issued I.D. card or Social Security Card showing your new legal name.