

## **Request for Diploma Replacement**

First Name	Last Name	Middle Name
Former Name (if applicable)		Cell Phone Number
Student ID # or SS #		Date of Birth
Degree(s) on diploma(s) being replaced		Year Degree(s) Earned
Student Signature (May not be signed digitally)		Date
Diploma Type:	Printed Diploma + E-Diploma	E-Diploma (Electronic Emailed Diploma)
For Printed Diplomas: Please fill out the inform diploma can be issued.	nation below to receive a printed diploma	a. The \$30 replacement fee must be paid before the
Mail Diploma to:	Mailing Address (Street)	
	Mailing Address (City, State, Zip)	
\$30 Payment by:	Check or Money Order Made payable to: SUNY Cobleskill Note on check: Diploma Replacement	Credit Card  Please call Student Accounts at (518)255-5539 to pay via credit card and note the payment date for us to verify
Mail form and paymer	SUNY Cobleskill Student Accounts Office Knapp Hall 118A Cobleskill, NY 12043	
		t to. Please note that there is no charge to request an rou may email this form to Registrar@Cobleskill.edu.
Email Address:		
For Office Use Only		
Request Received Date:		Diploma(s) Ordered: