



Kristin Pagels, Assistant Registrar

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DIPLOMA REPLACEMENT FORM

Last Name: _____ First Name: _____ Date of Birth: _____

Last 4 digits of SSN# or Dominican University ID#: _____

Name: _____

as it appeared on the original diploma - Please print clearly

Year Graduated: _____ Degree: _____ Major: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____

_____ Check here if you wish to have the diploma mailed to you at the above address

Signature: _____ Date: _____

FEE: \$50.00 - check or money order made payable to *Dominican University New York* must accompany this request along with one (1) form of identification from the following choices:

- Passport
- Birth Certificate
- Driver's License

Please allow 6-8 weeks for delivery.

Office Use ONLY"

Date received _____ *Diploma Ordered* _____ *Mailed* _____