OFFICE OF
THE REGISTRAR
PROVIDENCE COLLEGE

Replacement Diploma Request Form

This form is for lost or damaged diplomas only. Replacement diplomas are issued for a fee of $25.00, with a check or money order made payable to Providence College. Requests can only be initiated by alumnae. Third parties cannot request diplomas.

Student Information

Date of Birth: _____ Banner ID/SSN_____
(MM/DD) (last 4 digits)

Legal Name: _____
(written as you would like it to be on your diploma)

Former Name: _____

☐ I understand that if I replace my diploma due to a name change, I must complete a Biographical Data Update form and email it with two (2) forms of ID to records@providence.edu before placing this order.

Address

☐ I will pick up at the Office of the Registrar.

☐ Please mail my diploma. ☐ Please update my address.

_____
Street Address, Line 1

_____
Street Address, Line 2

_____
City, State, Zip Code, Country

Phone Number: (_____) _____ - _____

Email Address: _____

Diplomas will be sent to the address provided above. Diplomas will be mailed in an oversized envelope with stiff cardboard inside. They will not fit into a standard mailbox. Please alert your mail carrier if you are electing the mailing option.

☐ I understand that the original format of the diploma cannot be duplicated and that the replacement diploma will be similar to the one awarded to the current year's graduating class.

☐ I understand that I am only allowed one replacement diploma per degree.

_____ _____
Handwritten Signature Date

Diploma Information

Purpose of Replacement: _____
(loss, legal name change, damage, etc.)

☐ Associate's ☐ Bachelor's ☐ Master's ☐ PhD

Graduation Date: _____
(MM/DD/YYYY)

The form must be notarized before submission.

State of _____

County of _____

On this _____ day of _____, 20_____, before me, the undersigned notary public, personally appeared

_____ [name of document signer] and proved through satisfactory evidence of identification to be the person whose name is signed on the attached document in my presence.

_____
Signature

Notary Public: _____

*Notary Public ID #*_____

My commission expires: _____ / _____ / _____
MM *DD* *YYYY*

Seal: