

Name:

Registrar's Office 115 South St Middletown, NY 10940 Telephone: 845-341-4140

Fax: 845-342-8662

Request for Duplicate Diploma

Maiden (Former) Name:

Please print this order form and fill out below. Mail/Fax the completed order form with payment to address above. The fee for a duplicate diploma is \$20.00. The fee can be paid by cash (in person only), check or certified money order payable to "SUNY Orange", VISA, MasterCard, Discover or American Express.

Please allow six to eight weeks for processing.

Date of Birth

| Current Mailing Address: | | Student ID#: A | | | |
|--|-------------------------|---|---------------------------------|--|--|
| | | (OR) | | | |
| City / State / Zip | | SSN ID#: | | | |
| Email Address: | | Telephone Number: Graduation Date: | | | |
| | | 1.010 p 110110 110111 | | | |
| Signature (REQUIRED): | | Date: | | | |
| Please note: Your name will appear on your duplicate diploma exactly as it appeared on your original. The replacement diploma will state "Duplicate." | | | | | |
| If paying by credit card please include | | *Billing information | | | |
| | | (Only if different from mailing address | | | |
| VISA Master Card | American Express | rican Express above) | | | |
| Name on Card | | Address | | | |
| Name on Card: | | | | | |
| Credit Card Number: | - | City/State/ | Zip | | |
| Expiration Date:Security Code Number: | | | , | | |
| | | | | | |
| DO NOT WRITE BELOW THIS LINE * FOR OFFICE USE ONLY* | | | | | |
| Date Received: | | | | | |
| | | | heck for Holds | | |
| | | | Degree Awarded Graduation Date | | |
| | | | nitials | | |
| | | N | lotes: | | |
| Date Ordered | Sent for Signatures: De | | ate Mailed: | | |
| Initials | Date: Initials: In | | nitials | | |
| Notes: | Initials | Т | racking: | | |
| | Notes: | | | | |