

Registrar's Office 100 Reservoir Road Herkimer, NY 13350 Phone: (315) 866.0300 ext. 8580 Fax: (315) 866.1657 Email: registrar@herkimer.edu

Request for Replacement Diploma

Please return this form with payment of **\$25** to the Registrar's Office. Diplomas are ordered four times a year, on or around January 30th, May 30th, August 30th, and December 30th. Estimated delivery is 4-6 weeks from the above listed order date.

Student Name							
Herkimer ID# or SSN							
Degree/Certificate	AA	AS	AAS	Cert			
Degree Year							
Program Name							
How name should app	ear on diplor	na					
Phone Number				L	egal Name Only.		
Email Address							
Mail Diploma to:							
	Mailing Add	ress (Stree	t)				
	Mailing Address (City, State, Zip)						
Signature							
Please provide payme	ent informatio	on below.	If paying in	person, do i	not fill in cre	dit card info.	
[] Check or Money	Order payabl	e to <i>Herkir</i>	mer College				
[] Credit/Debit Card	d payment (A	mex, Disco	over, Master	Card, VISA)			
CC#							
Exp Date / / month/year	- 5	Security Co	de (on back oj	f card)			
Name of cardholder (if	f not student;)					
FOR OFFICE USE ONLY	<u>,</u>						
RECEIVED	PAYMENT		ORDERED	-	MAILED		July 17