



# REPLACEMENT DIPLOMA REQUEST FORM

Please read the following instructions and fill out Sections I and II below. Please print in upper and lower case and ensure that your signature is notarized.

## YOUR NEW DIPLOMA

1. Will bear the date of the original, but will be signed by the administrators now in office.
2. Must bear the name under which your degree was issued unless appropriate documentation is submitted for a name change. Because your records are sealed on the date your degree was conferred, you may not change or add names on official transcript documents, only diplomas.
3. Will be issued in the form in current use and may not exactly match your original diploma.

## THIS FORM MUST BE NOTARIZED

### SECTION I: REQUIRED FEES – MAY BE PAID BY CHECK OR MONEY ORDER MADE PAYABLE TO LONG ISLAND UNIVERSITY.

#### Select one of the following options:

- \$35.00** replacement fee for regular processing which typically ships 2 – 3 weeks from the time your form is received.
- \$70.00** replacement fee for expedited processing which typically ships 1 – 2 days from the time your form is received by the Registrar's Office
- \$105.00** replacement fee for an expedited international order which typically ships 1 – 2 days from the time your form is received by the Registrar's Office.

Please attach the fee and return it along with this form to: **Office of the Registrar**, 720 Northern Blvd., Brookville, NY 11548.

## SECTION II: STUDENT INFORMATION

1. Student ID or Social Security # \_\_\_\_\_
  2. Please print your name in upper-and lower case. Name must match the name under which you attended.  
*This is how your name will appear on your diploma:* \_\_\_\_\_
  3. Please print current name if different: \_\_\_\_\_
  4. Graduation date (Month/Year): \_\_\_\_\_
  4. Degree (Please check): Associate Bachelor Master Certificate Doctorate
  5. Do you want to pick up your diploma? Yes **OR** Would you like us to mail your diploma? Yes
- Address: \_\_\_\_\_
6. Campus Attended (Please check): Southampton Post Brooklyn Brentwood Riverhead  
Hudson (Rock/West) Dowling College
  7. Anytime phone # \_\_\_\_\_
  8. Email address: \_\_\_\_\_
  9. Signature (**Must be notarized below**): \_\_\_\_\_ Date: \_\_\_\_\_

## SPACE BELOW FOR USE OF NOTARY ONLY

Subscribed and sworn/affirmed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary Public \_\_\_\_\_  
 Qualified in \_\_\_\_\_ County  
 Commission Expires: \_\_\_\_\_ Notary: