

**The College at Brockport
State University of New York
Office of Registration and Records**

REPLACEMENT DIPLOMA FORM

Students who have lost or damaged their College at Brockport diplomas may request a replacement diploma for \$15.00. Please complete this form and return it with your payment to the Office of Registration and Records (address below). We will process your request within 7-10 business days.

Please complete your full name below as you wish it to **appear on your replacement diploma**:

First name	Last name used while in attendance
<input type="text"/>	<input type="text"/>
Middle/Maiden	
<input type="text"/>	
Last name	
<input type="text"/>	

Social Security Number or Banner ID	<input type="text"/>	Daytime Phone #	<input type="text"/>
Degree Type (circle diploma requested)	BA BFA BPS BS BSN MA MFA MPA MS MS in Ed MSW CAS		
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>	Date of Degree	<input type="text"/> <input type="text"/>
	month day year		month year
Major/Graduate Program			
<input type="text"/>			
Mailing Address - Please send diploma to:			
<input type="text"/>			
(PLEASE PRINT)	street address	city	state zip

Replacement diplomas are \$15.00 each. Payment may be made by cash, check, or money order only. Please indicate below.
Cash payments are accepted in person ONLY. Credit card payments are NO LONGER accepted.

Payment by check \$_____enclosed (Please make check payable to SUNY Brockport).

Payment by money order \$_____enclosed.

I will be bringing in a cash payment.

Student's Signature

_____/_____/_____
date

Please mail, email, or fax the replacement diploma form to:

The Office of Registration and Records
The College at Brockport
350 New Campus Drive
Brockport, NY 14420-2966

Email: registrar@brockport.edu
Fax: (585) 395-5392
Phone: (585) 395-2531