



## REPLACEMENT DIPLOMA REQUEST

To request a replacement diploma, please submit this form along with a \$50 payment to the One Stop Student Financial and Registrar Services Office. Checks should be made payable to *The University of New Haven* and mailed to:

University of New Haven  
One Stop- Bursar's Office  
300 Boston Post Road  
West Haven, CT 06516

Checks are also accepted in the office in Bergami Hall during normal business hours.

**Student Name:** \_\_\_\_\_

**Student ID (if known):** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please write your full name below exactly as you wish it to appear on your diploma.**

(Do not use all capital letters.)

\_\_\_\_\_  
*First Name* *Middle Name* *Last Name*

**The diploma will be mailed via US Postal Service to the address below.**

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City* *State* *Zip Code*

**Graduation Date:** \_\_\_\_\_  
*Month/Year*

**Degree Earned and Major:** \_\_\_\_\_

*By signing below, I attest to providing accurate information above.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_