



# Diploma Replacement/Duplicate Request

Office of the Registrar  
101 Bresee Hall  
Hartwick College  
Oneonta, NY 13820  
Tel: 607-431-4460; Fax: 607-431-4260

**Please complete this form and return it to the Registrar's Office. Enclose \$35 check or money order payable to Hartwick College. Allow 2-4 weeks for delivery.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Phone (in case of questions): \_\_\_\_\_

Hartwick ID #/Social Security Number: \_\_\_\_\_ Graduation year: \_\_\_\_\_

Dates of attendance (if known): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Degree(s) and Major(s):  
\_\_\_\_\_

Name as you would like it to appear on your diploma\*:  
\_\_\_\_\_

*\*If you have changed your name, please fill out and attach a Request for Student Information Change with the acceptable legal documentation.*

**The information provided above will be verified before processing your request.**

**Address where you would like your diploma to be mailed:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Note: the diploma provided will reflect the current version utilized by the College.*

**By signing below you certify that the information listed above is accurate.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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**Office use only**

Process date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Comments: \_\_\_\_\_