

# CONNECTICUT COLLEGE

Office of the Registrar 270 Mohegan Avenue New London CT 06320-4196  
Phone: (860) 439-2068

## REPLACEMENT DIPLOMA APPLICATION

**Instructions:** Please print & complete this form. You must have a Notary Public verify the signature on this form. In addition to this notarized form, please be sure to include photocopies of two forms of acceptable ID (passport, birth certificate, driver's license, social security card). If you are requesting a replacement diploma because your name has legally been changed, also enclose a copy of the legal name change document. Include a check made payable to Connecticut College in the amount of \$60 and mail to the above address. Please allow 4-6 weeks to process the replacement diploma.

I hereby certify that my original diploma was  lost  damaged  
OR  I have changed my name

**NOTE:** The original diploma must be returned to Connecticut College with this application when requesting a replacement due to damage or a name change.

Name on original diploma:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name changed to:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Student ID# (if available): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Degree awarded (required): \_\_\_\_\_ Date awarded: \_\_\_\_\_

Mailing address:

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

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

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn by me this \_\_\_\_\_ day of \_\_\_\_\_

Notary's Signature: \_\_\_\_\_ Notary's Seal

In order to protect the integrity of the diploma process, we must request verification of your identity. This request cannot be processed without your signature and the signature of the Notary Public, as well as the appropriate forms of identification. Thank you.