

Union College
Registrar's Office
807 Union St
Schenectady, NY 12308



Phone 518-388-6109
Fax 518-388-6173
registrar@union.edu
www.union.edu/registrar

REPLACEMENT DIPLOMA ORDER FORM

Mail a \$50.00 check or money order (made out to Union College) to the Registrar's Office Attn: Drew Lentz

Name on Original Diploma _____
(Last) (First) (Middle Initial)

ID # (or SSN) _____ Degree _____

Degree Date _____ Approximate Dates of Attendance _____

Address: (for mailing diploma) _____

NOTARIZED STATEMENT FOR REPLACEMENT DIPLOMA / CHANGE OF NAME

Please check the following:

_____ My original diploma was lost or destroyed. (If destroyed, return remains of original diploma)

_____ My name has been legally changed, and I am requesting that my name be changed on the diploma. (Please return original diploma along with proof of legal name change)

New name to be printed on new Diploma _____

I, _____, hereby request a replacement diploma and attest that the above information is accurate.

Signature: _____ Date: _____

STATE OF _____)

COUNTY OF _____) ss:

On this _____ day of _____ in the year Two Thousand _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC