

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



Phone 518-388-6109  
Fax 518-388-6173  
[registrar@union.edu](mailto:registrar@union.edu)  
[www.union.edu/registrar](http://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.

\_\_\_\_\_ My name has been legally changed, and I am requesting that my name be changed on the diploma. (Please send in 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