



# DUPLICATE DIPLOMA REQUEST

Office of Records & Registration, SUNY New Paltz  
500 Hawk Drive, New Paltz, NY 12561-2439  
Tel: 845-257-3100 Fax: 845-257-3103

### FOR OFFICE USE ONLY Identity Authentication

Level 1   
Level 2   
Level 3  
form sent (date) \_\_\_\_\_

To request a duplicate diploma, mail this form with **\$25 per copy**, cash, check, money order (payable to SUNY/New Paltz) or fax form with credit card information (Visa, MasterCard, American Express or Discover). Generally allow **8-10 business days** (from time it arrives in our office) for processing. **We cannot accept this form via email with payment information.**

**We cannot honor a request for a person whose account is not cleared.**

**Please type or PRINT CLEARLY:**

N									
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Student ID

\_\_\_\_\_  
Last Name First MI

\_\_\_\_\_  
Local Address: Street Apt. No.

\_\_\_\_\_  
E-mail

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

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Previous name(s)

\_\_\_\_\_  
Date of Birth MM / DD / YYYY

\_\_\_\_\_  
Name to be printed on diploma

\_\_\_\_\_  
Dates Attended New Paltz  
From MM / YYYY to MM / YYYY

### SEND DUPLICATE DIPLOMA TO:

**Enter number of copies on each of the below lines:**

\_\_\_\_\_  
Person or Office

\_\_\_\_\_  
Undergraduate  
\_\_\_\_\_  
Graduate

\_\_\_\_\_  
College or Company

**Each duplicate diploma is \$25.00.**

\_\_\_\_\_  
Street

**Shipping information:** Diplomas are sent within the U.S. via the United States Postal Service in an 8.5" x 11" envelope. The requester must arrange another shipping method at the requester's own risk and expense, including mailing outside of the U.S. Diplomas are never sent electronically.

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

\_\_\_\_\_  
Signature (REQUIRED) Date

By signing this form, I understand once the diploma is mailed to the address the requestor has provided, this office is not responsible for ensuring that the carrier delivers it to the destination.

This request is for the purpose of obtaining an apostille.

**Will this duplicate diploma be picked up by an alternate party?** If so, please print full name and state relationship to requester. \_\_\_\_\_

**DO NOT COMPLETE IF YOU ARE EMAILING THIS FORM TO OUR OFFICE.  
FOR CREDIT CARD PAYMENT**

\_\_\_\_\_  
Credit Card #

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Exp. Date Sec. Code

\_\_\_\_\_  
Signature

**(REQUIRED)**