

**ROLLINS COLLEGE**

Office of the Registrar  
1000 Holt Avenue – 2713  
Winter Park, FL 32789-4499  
Ph. 407-646-2144 – FAX 407-646-1576

**REPLACEMENT DIPLOMA REQUEST**

***Only the graduate may request a replacement diploma.*** The fee for a replacement diploma is \$45.00 and is submitted electronically [here](#). Please allow 3-4 weeks for the replacement diploma to be mailed. Please scan and email the completed form to registrar@rollins.edu. **Print the full name under which you were registered at the time of graduation. This will be the name on the replacement diploma.**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DEGREE AWARDED: \_\_\_\_\_ DATE DEGREE AWARDED: \_\_\_\_\_

SELECT COLLEGE: \_\_\_\_\_ Arts & Sciences/ Professional Studies \_\_\_\_\_ Patrick Air Force Base Campus \_\_\_\_\_ Brevard Campus  
\_\_\_\_\_ Hamilton Holt School \_\_\_\_\_ Crummer School of Business

**Address to mail the replacement diploma:**

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

***In order to document the replacement of a diploma, please state the reason for this request. After completing the statement, please sign this form in the presence of a Notary Public.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above statement is true and correct and I am the person named above.

\_\_\_\_\_  
*Signature of Graduate* *Date*

**NOTARY PUBLIC:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_

Notary Public in and for \_\_\_\_\_ County, \_\_\_\_\_ State

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, in the year of \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary Public* *Commission Number*

**Office of Student Records – Office Use Only**

Date Received: \_\_\_\_\_ Date Ordered: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_