

## 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 at the time of degree completion. This will be the name on the replacement diploma.**

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

LAST 4 DIGITS OF SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

SELECT COLLEGE:  Arts & Sciences/College of Liberal Arts -  English or  Latin  Hamilton Holt School  
 Patrick Air Force Base Campus  Brevard Campus  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 the Registrar– *Office Use Only*

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