



Office Use Only

Date Requested: \_\_\_\_\_

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☐ Cash ☐ Check # \_\_\_\_\_

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Honors: \_\_\_\_\_

## Diploma Reorder Form

Return Request To:

Registration & Records Office  
Nazareth University  
4245 East Avenue  
Rochester, NY 14618-3790

*Please make checks payable to "Nazareth University"*

*For more information, email [reg@naz.edu](mailto:reg@naz.edu)*

Name: \_\_\_\_\_  
(please print)

Last 4 Digits of SSN: \_\_\_\_\_

Former Name (if applicable): \_\_\_\_\_  
(please print)

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Diploma Information:**

Degree You Received (circle one):      BA      BFA      BS      BM      MA      MS      MSE      MSW      DPT

Date You Graduated (m/yyyy): \_\_\_\_\_

**PRINT CLEARLY your name exactly as you wish it to appear on your diploma.  
(Please clarify punctuation, capitalization, etc.)**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle and/or Maiden Name

\_\_\_\_\_  
Last Name