



Office Use Only

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Diploma Reorder Form

Return Request To:
 Registrar's Office
 Nazareth College
 4245 East Avenue
 Rochester, NY 14618-3790

Please make checks payable to "Nazareth College"

For more information, call (585) 389-2816

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