

## REPLACEMENT DIPLOMA/CERTIFICATE REQUEST

**INSTRUCTIONS:** Please print this form and fill in all information below and return to the Registrar's Office for processing.

Please Note: If you choose to **mail** this form, please send it to the address listed above and **be sure to include a check or money order for the amount of \$25.00**, made payable to **Roxbury Community College**. It will take approximately 3 weeks to receive your diploma or certificate.

### STUDENT'S INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Name as it should appear on diploma/certificate: \_\_\_\_\_ Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

### DEGREE / DIPLOMA / CERTIFICATE INFORMATION

Degree:  Associate of Arts  Associate of Science  Certificate  
Major: \_\_\_\_\_

### MAILING / PICK-UP INFORMATION

**HOLD DIPLOMA/CERTIFICATE FOR PICK-UP**  
Diploma or certificate will be held in the office for retrieval.

**PLEASE MAIL TO:**  
Diploma or certificate will be mailed to the address below.

Fill out the form below for mailing:

Street: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone Number: ( \_\_\_\_\_ ) - \_\_\_\_\_ - \_\_\_\_\_

### COMMENTS

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### SIGNATURE AND DATE

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY