R·I·T

Rochester Institute of Technology
Linda Bueg, Manager of Records
585/475-6519

Diploma Replacement Request Form

RIT Diploma Request Policy

1. Fax this form with Credit Card Information to 585/475-7005.
   OR
2. Mail this form with your check/money order to the address listed below.
3. Replacement charge is $25.00 per diploma.
4. Allow 4-6 weeks for delivery.
5. Please indicate the address where the diploma is to be mailed.
6. Your diploma will be printed as originally issued unless a change of name form has been submitted to this office prior to this request.

Name _____
Last **First** **Middle**

University ID # ___ ___ ___ ___ ___ ___ ___ ___ ___ **Date of Birth** _____
Month / Day / Year

Prior Name _____
(If you attended RIT under a different name, please indicate above.)

I graduated from RIT: Year _____ **Degree** _____

Diploma Mailing Address:

Name _____

Address _____

City/State/Zip _____

Phone Number _____/_____ **E-mail address** _____
area code

Payment Information:

Credit Card No._____
Amount to be Charged _____

❒ **Master Card** ❒ **Visa** **Exp. Date** _____ **Signature** _____

Mail with Check/Money Order made out to:
Rochester Institute of Technology
Registrar's Office
Attn: Linda Bueg
27 Lomb Memorial Drive
Rochester, NY 14623-5603

Fax to: 585/475-7005
Credit Card Information Required

I authorize issuance of a diploma as indicated on this form.

Signature _____

Date _____

Office use only

Date Received _____

Date Processed _____

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