

ROLLINS COLLEGE

Office of W U H J L V W U D U
1000 Holt Avenue- 2713
Winter Park, FL 32789-499
Ph. 407-646-2144- FAX 407-646-1576

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 _____ weeks for the replacement diploma to be mailed. Please V F D Q G H P D H O U H J L V W U D U # U R to Full Name Only which you were registered at the time of graduation. This will be the name on the replacement diploma.

FIRST NAME MIDDLE NAME LAST NAME

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DEGREE AWARDED: _____ DATE DEGREE AWARDED: _____

SELECT COLLEGE: _____ Arts & Sciences/ Professional Studies _____ Patrick Air Force Base Campus _____ Brevard Campus
_____ Hamilton Holt School _____ 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 statements are true and correct and I am the person named above.

Signature of Graduate Date

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 Student Records - Office Use Only
Date Received: _____ Date Ordered: _____
Amount Enclosed: _____ Date Mailed: _____