

Student Name: _____
LAST FIRST MIDDLE

Student ID or SSN: _____ Phone: _____ Email: _____

Maiden/Former Name(s): _____

Name to be Printed on Diploma: _____

Note: Entering a new name here will not change the name on your permanent College record.

Month/Year of Graduation: _____

Reason for requesting Replacement Diploma: _____

You will be contacted when the replacement is ready to be mailed. Please allow 6-8 weeks for processing.

Mail diploma to:

Recipient: _____

Address: _____

City: _____ State: _____ ZIP/Postal Code: _____

I understand that the signatures on the replacement diploma will be those of the college officials at the time of reprint. I agree to pay the replacement diploma fee of \$35.00, which includes standard domestic postage.

Graduate Signature: _____ Date: _____

RETURN COMPLETED FORM TO:Manhattanville College
Registrar's Office
2900 Purchase Street
Purchase, NY 10577
914-323-5337 ♦ registrar@mville.edu**PAYMENT INFORMATION**

The replacement diploma fee is \$35.00. This fee covers the cost of printing as well as domestic postage via USPS First Class Mail. Costs for international or expedited shipping with tracking are additional and must be arranged by the diploma requestor; the College recommends using [SASS Smart Ship](#).

Payment Type: Cash Check / Money Order (Check # _____) Credit CardCredit Card Type: Amex Discover MasterCard Visa Amount: _____

Credit Card Number: _____ Exp Date: _____

Authorized Signature: _____ Date: _____ CVV Code: _____

OFFICE USE ONLY

Date Received: _____ Diploma Ordered: _____ Date Mailed: _____