



Registrar's Office
307 Culkin Hall
Graduation Area
(315) 312-2237

SUNY OSWEGO REPLACEMENT DIPLOMA ORDER FORM

(Please Print)

Student Last Name: _____ First: _____

Student Signature: _____ SS# _____

Former name/s: _____
(maiden, marriage/s, necessary to locate your record)

Daytime phone: _____

Graduation Year: Dec: _____ May: _____ Aug: _____

Major: _____ Degree: BA BS BFA MS MA MSED MBA CAS

Reason for Replacement: _____

NAME TO BE PRINTED ON DIPLOMA: _____

(If name to be printed on diploma is different from original diploma, proof of new name must be attached.
Proof may be a copy of marriage license, a divorcee decree, or social security card)

NAME AND ADDRESS WHERE DIPLOMA IS TO BE MAILED: (please print)

REPLACEMENT FEE FOR DIPLOMA \$10.00

INSTRUCTIONS FOR MAILING

Check Payable to: SUNY OSWEGO

Mail to: **SUNY Oswego**
Registrar's/Graduation Office
307 Culkin Hall
Oswego, NY 13126

INSTRUCTIONS FOR FAXING

PAYMENT BY CREDIT CARD

AMEX VISA MASTERCARD DISCOVER (Circle)

Credit Card #: _____

3 Digit Code (back of card): _____

Expiration date: _____

Daytime phone: _____

Signature: _____

FAX FORM TO: 315-312-2531