

APPLICATION FOR ORDERING A REPLACEMENT DIPLOMA

OFFICE OF THE REGISTRAR • LIU POST • 720 NORTHERN BLVD., BROOKVILLE, N.Y. 11548 (516) 299-2588 • WWW.LIU.EDU/POST/REGISTRAR

Thank you for inquiring about a replacement diploma. Please read the following instructions and fill out the form below as complete as possible. Please print in upper and lowercase letters.

Your new diploma:

- 1. Will bear the date of the original, but will be signed by the administrators now in office.
- 2. **Must** bear the name under which your degree was issued unless appropriate documentation is submitted for a name change. Because your records are sealed on the date your degree was conferred, you may not change or add names on official transcript documents, only diplomas.
- 3. Will be issued in the form in current use and may not exactly match your original diploma.

If your original diploma has been damaged, we ask that you return it to the Records Office where it will be destroyed. **You must have this form notarized.**

There is a \$35.00 replacement fee. You may pay by check or money order (payable to Long Island University), or credit card (MC, Visa, or Discover.) Please attach the fee and return it along with this form by U.S. mail to the attention of: Diploma Facilitator, Office of the Registrar. Indicate whether you wish your new diploma to be mailed or if you prefer to pick it up. If you elect to have your diploma mailed, it will be sent by Certified U.S. Mail, so please be sure to supply an address at which someone will be available to sign for the delivery of your package during the day.

Diploma processing usually takes 2 weeks from the time your form is received. If you have questions, you may reach me at (516) 299-4035.

Sincerely,

Beth Carson

Registrar

1. STUDENT ID or SOCIAL SECURITY#: 2. Please print your name in upper-and lower case. Name must match the name under which you attended This is how your name will appear on your diploma:		6. Please indicate reason for replacement:
Present name, if different:		7. ANYTIME PHONE #
		8. E-MAIL ADDRESS:
3. Graduation Date (Month/Year):		9. SIGNATURE
4. Degree (Plea	ase check):	
Associate	Bachelor Master	
Certificate	Professional Diploma	10. SPACE BELOW FOR USE OF NOTARY ONLY
Doctorate		
5. Do you want	to pick up diploma <i>OR</i>	
Would you like	us to mail your diploma?	
Address:		