FRANKLIN & MARSHALL COLLEGE
Office of the Registrar

Replacement Diploma Order Form

Please send completed form, along with a check for the $30 processing fee, to:

Office of the Registrar
Franklin & Marshall College
PO Box 3003
Lancaster PA 17604

NAME ON ORIGINAL DIPLOMA_____

SSN _____BIRTH DATE_____

GRADUATION DATE _____

LATIN HONORS AWARDED (summa, magna, cum laude, if applicable)
_____

APPROXIMATE DATES OF ATTENDANCE
_____

PHONE NUMBER (daytime)
_____

ADDRESS to which diploma should be mailed:
_____
(Allow 6 to 8 weeks following request)
_____

_____

Statement for Replacement Diploma/Change of Name:

Please check one of the following:

_____ a. My original diploma was lost.

_____ b. My original diploma was destroyed.

_____ c. My original diploma was never received.

_____ d. My name has been legally changed, and I am requesting that my name be changed on the diploma. Please include a copy of the court documentation of name change.

_____
Name on original diploma Name to be printed on new diploma

I, _____, hereby request a replacement diploma and attest that the above information is accurate.

Signature:_____

For Registrar's Office Use Only:
Date Received:_____ Check No:_____ Amount Enclosed:_____