



REQUEST FOR REPLACEMENT DIPLOMA

Replacement diplomas are duplicates of a diploma issued by Jefferson Community College. **Each additional diploma request cost is \$50.** A request for a change of name on the diploma different than listed on the student account will require legal documentation.

Student Name: _____ Date of Birth: _____

Student ID/J Number: _____ Phone Number: _____

Mailing Address: _____

City, State: _____

Zip Code: _____

Email Address: _____

Date of Graduation: _____

Degree Program: _____

Please note: Type of degree is listed on the diploma (A.A.- Associate in Arts, A.S.- Associate in Science, A.A.S.- Associate in Applied Science), not the program completed.

Signature: _____ Date: _____

Diploma requests are not fulfilled until payment is processed. Return form to Enrollment Services located in Building 6- Jules Center, ground floor or email to registrar@sunyjefferson.edu. To make payment by phone call 315-786-2437.

Office Use:

Payment received (Initials, Date, receipt #):

Degree confirmed:

Replacement processed: