REPLACEMENT/DUPLICATE DIPLOMA REQUEST FORM

Replacement and duplicate diplomas are issued for a fee of $75.00. Please include a check or money order made payable to the Trustees of Hampshire College. Complete the information below, have your signature certified by a Notary Public, and return this form to the following address. Telephone, fax, or e-mail requests are not accepted.

Attn: Shannon Rosa  
Dean of Faculty Office  
Hampshire College  
893 West Street  
Amherst, MA 01002

Diploma request (select one):  
☐ Replacement diploma  
☐ Duplicate diploma

For replacement diplomas, the original diploma must be returned with this form or you must attest to the loss of the original diploma below:

☐ Original diploma is enclosed.  
☐ Original diploma has been lost.

Please print your name clearly as you want it to appear on your diploma:

NAME:________________________________________________________________________
First                                         Middle                                             Last
Former/Maiden Name(s):_________________________________________________________________

If you are requesting a diploma in a name other than the one originally issued, you must provide legal documentation of name change (e.g., certified copy of marriage certificate, divorce decree or court order).

Hampshire ID# (or last 4 digits of SS#):______________  Date of Birth: ________________
Year of Graduation: ________________  ☐ February  ☐ May  (select one)
Contact phone number: ___________________________  Contact email: ___________________________

Address to which the replacement/duplicate diploma is to be mailed:

Name of resident: __________________________________________
_____________________________  _______________  ____________________  ________________
Street/PO Box      Apt. #             City                     State                   Zip

I hereby declare the above information is true and correct:

________________________________             _____________________  
Signature                                                                                                  Date

TO BE COMPLETED BY NOTARY PUBLIC:

Subscribed and sworn before me on this ________________ Day of: __________________

Notary Public: ________________________________  Commission expires on: __________________