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 Thorin
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: _________________