

OFFICE OF THE REGISTRAR
40 University Drive
Rindge, NH 03461
p:(603) 899-4068
f: (603)-899-4069
registrar@franklinpierce.edu

DIPLOMA REPLACEMENT REQUEST

PERSONAL INFORMATION	
Student ID Number:	Student Name:
Last 4 digits of Social Security No:	or Birth Day/Month:
Date Degree/Certificate Awarded: (mm/dd/yyyy):	Campus/Center:
Degree (ex: AA, BS, MS, Ph.D.): Your name while attending Franklin Pierce:	Please <u>PRINT</u> your name as you would like it to appear. This will not update your student file. Please contact alumni@franklinpierce.edu to update your information with the University:
DIPLO	DMA REQUEST
Please send my diploma to:	other than the student will not be honored without
Name: Mailing Address:	
	Graduates with more than one degree or certificate must fill out a separate form for each document.
	NS, FEES & SIGNATURE
The cost is \$50.00 each for a replacement diploma. On to you in approximately 4 – 8 weeks.	nce your degree has been verified, we will mail your replacement diploma
 FAX, mail, or scan and email the completed, signed, and make checks payable to Franklin Pierce University. We 	d dated form to Office of the Registrar at Franklin Pierce University. Please cannot accept unsigned forms.
3. A replacement diploma cannot be honored if you have a	an outstanding financial obligation to the University.
Payment has been made via: (please check one) Personal (Check Credit Card Debit Card Cash Money Order
Credit Card Number:(American Express not accepted	Expiration Date://
Address for Credit Card:	Zip Code for Credit Card:
Daytime Phone:	CVV #: (Turn your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3-digit code. This 3-digit code is your CVV number / Card Security Code.)
Signature:	Date: