

## Diploma Replacement Request Form

William E. Simon Graduate School of Business Administration  
University of Rochester  
Registrar's Office, 305 Schlegel Hall, Box 270107  
Rochester, NY 14627  
Phone: (585) 275-3533 / Fax: (585) 271-3907



**SIMON**  
GRADUATE SCHOOL OF BUSINESS  
UNIVERSITY OF ROCHESTER

### Directions:

- All requests for replacement copies of a diploma must be done in writing and must include the information listed below.
- Mail this form with your check/money order to the address listed above.
- The replacement charge is \$35.00 per diploma, payable to the University of Rochester – Simon School.
- Diplomas will be mailed within 4 to 6 weeks after the request is received.
- Please indicate the address where the diploma is to be mailed.

**Student Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_  
*Please print* Last First MI Mo. Day Yr.

**Student signature (required):** \_\_\_\_\_

**UID# or Social Security #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
Mo. Day Yr.

**Prior Name:** \_\_\_\_\_  
*(If you attended the Simon School under a different name, please indicate above.)*

**I graduated from the Simon School:** Year \_\_\_\_\_ Degree \_\_\_\_\_

### Diploma Mailing Address:

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ / \_\_\_\_\_ **E-mail address:** \_\_\_\_\_  
Area Code

### Mail this form with your Check/Money Order to:

William E. Simon Graduate School of Business Administration  
University of Rochester  
Registrar's Office, 305 Schlegel Hall, Box 270107  
Rochester, NY 14627

### Registrar's Office Use Only:

Date received/by: \_\_\_\_\_

Date processed: \_\_\_\_\_