



### Replacement Diploma Order Form

Please send completed form and proof of identity along with a check for the \$85\* processing fee, to:

New York College of Podiatric Medicine  
Attn: Registrar  
53 East 124<sup>th</sup> Street  
New York, NY 10035

You may also pay by credit card over the phone by contacting the Bursar at (212) 410-8039

*\* Please note that there is a \$25 charge for expedited shipping (next-day/overnight). Expedited shipping occurs once we receive the diploma after the 3-4 week processing time it takes for us to receive the document.*

#### Instructions for Ordering a Duplicate Diploma:

- Fill out the duplicate diploma request form (cannot be submitted electronically)
- Fill out the information below specifying exactly how you would like your name spelled on your diploma.
- If you have changed your name, complete a change of name request form, and depending on the reason for your name change, attach a copy of your social security card, marriage certificate or a copy of the legal name change document provided by the court.
- Provide proof of identity (a notarized letter verifying identity or two forms of identification (acceptable forms of identification are passport, birth certificate, driver’s license, social security card)).

**\* There is a 3-4 week processing time before you will receive your duplicate diploma**

**\*Note that the duplicate diploma contains a statement indicating that it was issued in replacement of the original and contains the signature of the current NYCPM President.**

Name on original diploma: \_\_\_\_\_

Name on duplicate diploma: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Address to which diploma should be mailed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Graduate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Use Only	
<input type="checkbox"/> Diploma ordered date _____	<input type="checkbox"/> Diploma mailed date _____
<input type="checkbox"/> Diploma received date _____	<input type="checkbox"/> Registrar’s Office: _____
	Initials _____