

St. Mary's College Of Maryland Office of the Registrar Glendening Hall 18952 E. Fisher Road St. Mary's City, MD 20686

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Replacement Diploma Request Form

Replacement diplomas are issued within 10-12 weeks. Please include check or money order made payable to St. Mary's College of Maryland. Complete the information below, have your signature certified by a Notary Public, and return this form to the Office of the Registrar in Glendening Hall at the address listed above.

Name: First		ddle	Last	
Former/Maiden Names:				
If you are requesting a diploma in a nan nust provide notarized documentation o				-
student ID (or last four digits of SS#):			Male/Female:	
Date of Birth (MM/DD/YYYY):	Co	ntact Phone Numb	er:	
Contact Email:				
Address to which the diploma should	l be sent:			
Street/P.O. Box	Apt. No.	City	State	Zip
,	•	•	State	Zip
hereby declare the above informati	•	•	State	Zip
hereby declare the above information:	•	•		Zip
hereby declare the above information:	•	•		Zip
hereby declare the above information: Gignature Ordering Information: Gees include postage and handling	on is true and	correct:		Zip
hereby declare the above information: Gignature Drdering Information: Gees include postage and handling Duplicate diploma	on is true and	\$30.00 each	Date	