

DIPLOMA RE-ORDER FORM

**WESTFIELD STATE UNIVERSITY
OFFICE OF THE REGISTRAR**

This form should be used by Alumni who are looking for a re-printed diploma and not by current students applying for graduation.

Name Attended Under: _____

Date of Graduation: _____ Major: _____

Phone Number: _____ Date of Birth: _____ SSN/ID: _____

I was a (select all that apply) Day Student Evening Student Graduate Student

Do you want your new diploma to say (Select one) College or University

Full name as it should appear on diploma reprint (example: Jonathan Q. Smith, Jr.):

Please note: If you are requesting a different name other than the name you originally graduated under, official documentation of the name change must accompany this request.

Phone Number: _____

Address to mail new diploma: _____

Signature: _____ Date: _____

***Return form and check or money order for \$25.00 made out to Westfield State University to:
Office of the Registrar
Westfield State University
PO Box 1630
Westfield, MA 01086-1630***

Office Use Only: Degree Type: _____ Major(s): _____ Honors: _____ Graduation Term: _____ Diploma printed/mailed on: _____
