



Office of the Registrar  
 Colston Hall, Room 513  
 P: 718.289.5710  
 F: 718.289.6308

Bronx Community College  
 of The City University of New York  
 2155 University Avenue  
 Bronx, New York 10453

# DUPLICATE DIPLOMA REQUEST FORM

Students who have graduated from Bronx Community College: Please complete this form and return it to the Registrar's Office for processing.

**PART I: Delivery and Payment Information**

**You will receive digital and hard copy duplicate diploma via text/email messages and postal mail directly from Parchment LLC. Please ensure that your contact information below is accurate.**

**NOTE:**

- There is a standard \$30.00 non-refundable fee for all duplicate diploma requests payable in cash or money order at the Bursar's Office. **\*No personal checks will be accepted.\***
- A duplicate diploma will be issued ONLY in the event that the original diploma was lost, damaged, stolen, or if there is a name change.
- If there is a name change, please provide a social security card with the new name change and any one of the following documents: court order, marriage license, or divorce documentation.

**Bronx Community College regrets that we cannot be responsible if the diploma is lost, stolen, or damaged in the mail. In the event that you do not receive your diploma or it is damaged, you will be responsible for ordering a replacement copy and for all associated fees. Thank you for your understanding.**

**PART II: Contact Information**

Student's Name: \_\_\_\_\_  
Last First Middle Initial

Current Address: \_\_\_\_\_  
Street Address Apartment#  
 \_\_\_\_\_  
City State Zip Code

CUNYfirst EMPL ID#:  National ID#:

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone#:  Cell Phone#:

Year(s) of Attendance: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

The above information is true and complete to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (NOTE: This form is not complete without the student's handwritten signature.)

**FOR OFFICIAL OFFICE USE ONLY – REGISTRAR'S OFFICE**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Registrar Representative's Signature