



Office of the Registrar
 Colston Hall, Room 513
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 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 any one of the following documents: birth certificate, state issued identification, 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

City

State _____
Apartment# _____
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