



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 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#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Month and Day 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: \_\_\_\_\_  
(NOTE: This form is not complete without the student's handwritten signature.)

Date: \_\_\_\_\_

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

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

Date: \_\_\_\_\_