



Duplicate Diploma Request

Name at time of Attendance: _____
Change of name must be accompanied by official documentation, certificate of marriage, divorce, court order)

Name as you would like it to appear on the diploma (please print legibly):

First

Middle

Last

Degree: _____ Major (will not be listed on diploma): _____

SS#: xxx-xx- _____

Graduation Year: _____
(Diploma will have current officers' signatures)

Reason for Request: _____

Check One:

I will pick up my diploma at the Registrar's Office, 204 Zappala College Center
(We will call or email when ready).

Please mail diploma:

Mail to: _____

Daytime Phone #: _____ Email Address: _____

Payment Method (cost for diploma reprint is \$40):

- Cash: _____ (In person in Registrar's Office, please do not send cash.)
- Check: _____ Mail check made out to La Roche College, together with this form to La Roche College Registrar's Office; 9000 Babcock Boulevard, Pittsburgh, PA 15237, fax to 412-536-1075, or scan and email to registrar@laroche.edu.
- Credit: _____ Credit card payments can be made over the phone by calling the Student Accounts Office at 412-536-1030. Check this box and mail/fax/email this form to the Registrar's Office.

Student Signature: _____ Date: _____

Registrar's Office Only:

Date Diploma Order Received: _____

Date Diploma Mailed _____ Date Diploma Picked Up: _____