



Undergraduate Registrar's Office  
1 South Blvd.  
Nyack, NY 10960  
Phone: 1-845-675-4464  
Fax: 1-845-353-1297

Graduate Registrar's Office  
350 North Highland Avenue  
Nyack, NY 10960  
Phone: 1-845-770-5766  
Fax: 1-845-348-3918

## Diploma Re-Order Request

Complete this form and return it to the corresponding Registrar's Office.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(as it appeared when you were a student)

5-Digit Student ID#: \_\_\_\_\_

Degree Earned (check one):

- AA     BA     BS     BPS     SMB     MusB  
 MS     MPS     MA     MDiv

Major: \_\_\_\_\_ Concentration (if applicable): \_\_\_\_\_

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

I would like my name to appear on my diploma as (PRINT CLEARLY):

\_\_\_\_\_ FIRST MIDDLE LAST

Please mail my diploma to the below address:

Street Address: \_\_\_\_\_

Apt/Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/County: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Country (if outside of the USA)\*\*: \_\_\_\_\_

\*\*Student is responsible to pay any additional amount it will cost to mail the diploma if outside of the continental United States and/or if the charges exceed \$10 in postal fees.

Explanation for re-order request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

A \$45 fee will be applied to your student account upon receipt of this request. Payments must be received prior to the release of your diploma. Mail a \$45 check or money order written out to "Nyack College | ATS" with this request, or pay online at [www.nyack.edu/payments](http://www.nyack.edu/payments).

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date