



**Office of Academic Records and Registration**

Bryant University, 1150 Douglas Pike, MRC 202  
Smithfield, Rhode Island 02917  
www.bryant.edu/academicrecords

Phone: (401)232-6080 Fax: (401)232-6065

**Request for Replacement Diploma**

Name: \_\_\_\_\_ Student ID# or Social Security #: \_\_\_\_\_

Previous Names: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Name as it is to appear on diploma: \_\_\_\_\_

*Note: Your name on the replacement diploma should match what we currently have in our records. If your name has changed and you require the replacement diploma to be in another name, we require proof of your name change (ex. driver's license, marriage license, divorce decree) and written authorization to change your record.*

Please indicate Student Status:

Undergraduate Program     Graduate Program

Month and Year Degree Received: \_\_\_\_\_

Degree Awarded: \_\_\_\_\_

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

**\*\*A replacement diploma will not be issued if there are holds on the student's record, the request is not signed, or if the replacement diploma fee has not been paid.\*\***

For office use only:	
Request Received: _____	Date: _____
Processed: _____	Date: _____
Pymt due: _____	Received: _____ Date: _____
Pymt type: <input type="checkbox"/> CK <input type="checkbox"/> CA <input type="checkbox"/> CC	

**Fee of \$10.00 for a replacement diploma copy applies. Please make checks payable to Bryant University. Allow 4-6 weeks for delivery.**

Please charge my [ ] Visa [ ] MasterCard Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_