



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: _____