

Name: _____
Print your legal name exactly as you would like it to appear on your diploma.

Date of Birth: _____

Student ID: _____

Major(s): _____

Mailing Address: _____

Email Address: _____

Daytime Phone: _____

ORDER INFORMATION: Diploma reorders may take up to three months to process.

Specify degree(s): B.A. B.F.A. B.S. B.S.Ed. B.A./M.S.T. M.A. M.S. M.S.Ed. M.S.T. C.A.S.

Undergraduate Graduation Date: _____ Quantity: _____

Graduate Graduation Date(s): _____ Quantity: _____

Prepaid Diploma Order Fee: \$20 X _____ (# of diplomas) = \$ _____

Credit Card Type: _____ Expiration Date: _____

Credit Card Number: _____

Print name exactly as it appears on the credit card: _____

Please return the completed *Diploma Reorder* form and payment information to the following address; make checks payable to SUNY Plattsburgh if applicable:

Registrar's Office
101 Broad Street
Kehoe Admin. Bldg., 3rd Fl.
Plattsburgh, NY 12901
FAX: 518-564-4900

Signature: _____ Date: _____