



Duplicate or Replacement Certificate Request

Mail to: Chestnut Hill College Registrar/9601 Germantown Avenue/Philadelphia PA 19118

Please indicate:

This is a request for a **duplicate** Certificate _____ (original/replacement is in my possession). OR

This is a **replacement** Certificate _____ (original/replacement was lost or damaged).

| | | | |
|--|--|-----------------------------|--|
| Name | | | |
| Birth Date | | Student # , if you know it. | |
| Year of Completion | | Certificate Area | |
| Mailing Address | | | |
| | | | |
| City and State | | Zip | |
| Email Address | | | |
| Daytime Phone # | | | |
| How would you like your name to appear?* | | | |

All Certificates: \$10.00 each How many copies of this Certificate would you like: _____

With my signature I certify that I am the person completing this form and the information provided is correct. I understand that the name on my academic records will be updated to match the name on my diploma and that I will not receive a duplicate or replacement Certificate if I have financial obligations to the College. I have included:

- ___ a copy of some form of photo ID clearly indicating my legal name*, and
- ___ a check or money order made payable to **Chestnut Hill College** in the correct amount.

Signature _____ Date _____

* If your name has changed since you attended....

| Name Change Due To... | Please Provide This Documentation... |
|-----------------------|--------------------------------------|
| Marriage | Copy of marriage license |
| Legal name change | Copy of court order |
| Divorce | Copy of divorce decree |

All documentation submitted is shredded – nothing is stored in-house!

If you have any questions, please call 215-248-7005.