



Plymouth State University
of the University System of New Hampshire
Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345 Fax (603) 535-2724

Diploma Reorder Form

Last Name _____ First _____ Middle _____

Student ID: _____ Year Degree Received: _____

Degree Awarded: _____ Major: _____

Please print your name legibly as you would like it to appear on your diploma

Name to be printed on Diploma:

Last name: _____ Suffix _____

First name: _____

Middle: _____

Name Changes: * please provide documentation of name change (marriage certificate, driver's license, etc)*

Last name: _____ Suffix _____

First name: _____

Middle: _____

****please be sure that all names on legal documentation match****

All Correspondence regarding this request will be mailed to the address below.

Street: _____

City/Town: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Signature required: _____ Date: _____

_____ Mail my diploma to the address above. _____ Hold my diploma for pick-up

The cost is \$45.00 per diploma normal processing time is 6-8 weeks.

Please include your check or money order made payable to *Plymouth State University* and mail to:

Plymouth State University, Degree Auditor, Registrar's Office, MSC 7, Plymouth, NH 03264

For Office Use Only:

_____ \$45.00 Required Fee Received

_____ Payment Received by