



APPLICATION FOR DUPLICATE DIPLOMA

*Note that your signature below must be notarized. Please contact Office of the Secretary, Diplomas at 203.432.7141 with any questions regarding this application. Mail completed application, with a money order in the amount of \$150 (payable to Yale University), to: Office of the Secretary, Diplomas P.O. Box 208230, New Haven, Connecticut 06520-8230; or, for overnight delivery, to Office of the Secretary, Diplomas, 105 Wall St., Rm. 1, New Haven, Connecticut 06511.*

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Degree and date conferred \_\_\_\_\_ School \_\_\_\_\_

Name on original diploma \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Reason for requesting a replacement \_\_\_\_\_

Is the original diploma enclosed? \_\_\_\_\_ If no, explain why not \_\_\_\_\_

Date of loss of the original \_\_\_\_\_

I hereby certify that the above statements are true. I understand that Yale University reserves the right to institute any appropriate legal or other proceedings for misrepresentation of the information stated above, or in the case of fraud. I enclose the original diploma if possible, a money order for \$150 to cover the costs (checks not accepted), and other documents as necessary. I agree (1) to return the replacement immediately if I ever find the original, or (2) to inform the Secretary upon learning the location of the original.

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

I hereby certify that this applicant has shown proof of identity sufficient to establish that he or she is the person named above.

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

My commission expires on: \_\_\_\_\_