

**(Formerly College of Notre Dame)
Replacement Diploma Request**

Office of the Registrar
1500 Ralston Avenue
Belmont CA 94002-1997
Phone: (650)508-3521
Fax: (650)508-3520

The Family Educational Rights & Privacy Act (FERPA) of 1974 prohibits the release of transcript or diploma information without the student's written consent.

Student Name: _____ Signature: _____

Name attended under: _____

Address: _____

Social Security Number: _____

Student Identification Number: _____

Phone: () _____

Date of Graduation, Degree and Major:

The diploma will reflect your exact name that appeared on the original diploma.

Send to: _____

Payment of \$50.00 per diploma is due at time of request. Request may be faxed if using credit card payment. Please allow at least six weeks for processing.

For payment by Visa, Master Card or Discover Card only:

_____	_____
Card Number	Expiration Date
_____	_____
Credit Card Billing Address	City, State, Zip

Signature of cardholder: _____

