



Replacement Diploma Request

Student ID# _____

Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129
Phone: 617.873.0101
Fax: 617-242-0026
registrar@cambridgecollege.edu

Processing time is 6-8 weeks

Your Cambridge College Location

- Boston Puerto Rico
- Lawrence Southern California
- Springfield Other _____

Student information PLEASE PRINT CLEARLY and COMPLETE ALL INFORMATION

Student name at time of graduation, on original diploma

Last name _____ First name _____ Middle name _____

Former name--at time of graduation, if different from current name above _____

Current Residence/mailling address:

Address _____ Apt _____ Phone (_____) _____

City _____ State _____ Zip _____

Degree and Year of Graduation

Type of degree BA / BS MED MBA / MM CAGS EDD

Year of graduation/degree conferral _____

Please note: Diplomas are not printed on-site. Your name will be added to the next order once we receive all requested information, and the orders are typically sent out to the printers once a month.

Payment and Mailing

By signing this form, I agree to pay \$27.00 for the requested duplicate diploma, and for Cambridge College to charge my credit card below accordingly.

I agree to receive the diploma by standard USPS mail only, unless other arrangements are made.

- VISA MASTERCARD Cash
- Check/Money Order enclosed - payable to Cambridge College

Credit card number _____

Expiration date (mm/yy) ____/____ Security code _____

Submit completed and signed form to:



Registrar's Office
Cambridge College
500 Rutherford Avenue
Boston, MA 02129

Or email to: registrar@cambridgecollege.edu

Signature

on paper
printout _____

Date _____