



OFFICE OF THE REGISTRAR
31 COLLEGE DRIVE, CONCORD NH 03301-7412
Tele # (603) 271-7142 Fax # (603) 271-6431

REPLACEMENT DIPLOMA/CERTIFICATE REQUEST FORM

(Please allow 4 - 6 weeks for delivery)

Current name: \_\_\_\_\_

Name on original diploma/certificate: \_\_\_\_\_
(print clearly)

ID# \_\_\_\_\_ DOB \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

YEAR GRADUATED \_\_\_\_\_ DEGREE AWARDED \_\_\_\_\_

Do you want us to hold your replacement diploma/certificate for pickup? Yes [ ] No [ ]

Mail Diploma/Certificate To: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

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

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PLEASE NOTE THE FOLLOWING POLICY:

If someone other than you will be picking up your diploma/certificate, they must bring written authorization from you, as well as a picture ID, to be able to pick up your diploma/certificate from our office.

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PAYMENT OPTIONS

A \$20.00 processing fee must accompany this form. (For diploma replacements only)

[ ] Cash [ ] Check (Make Checks Payable to: NHTI Concord's Community College)

[ ] Credit Card: Mastercard Visa Discover

Name on card (if different from above): \_\_\_\_\_

Account #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Billing Address: \_\_\_\_\_
Street City State Zip

Signature: \_\_\_\_\_