



Records/Registration Office, LIU/C.W. Post Campus  
720 Northern Blvd., Brookville, NY 11548

Dear \_\_\_\_\_

Thank you for inquiring about a replacement diploma. Please read the following instructions and fill out the form below as completely as possible. Please print in upper- and lowercase letters.

**Your new diploma:**

1. Will bear the date of the original, but will be signed by the administrators now in office.
2. **Must** bear the name under which your degree was issued. Because your records are sealed as of the date your degree was conferred, you may not change or add names.
3. Will be issued in the form in current use and may not exactly match your original diploma.

If your original diploma has been damaged, we ask that you return it to the Records Office where it will be destroyed. **You must have this form notarized.**

There is a **\$35.00 replacement fee**. You may pay by check or money order (payable to Long Island University), or credit card (MC, V, or Discover). Please attach the fee and return it along with this form by U.S. mail to my attention in the Records Office. Indicate whether you wish your new diploma to be mailed or you prefer to pick it up. If you elect to have your diploma mailed, we will send it by Certified U.S. Mail, so please be sure to supply an address at which someone will be available to sign for the delivery of your package during the day.

Diploma processing usually takes approximately 8 weeks from the time your form is received. If you have questions, you may reach me at (516) 299-2936.

Sincerely,

*Edward Strasburger*

*Diploma Facilitator*

Social Security #: \_\_\_\_\_

Please indicate reason for replacement:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print your name in upper- and lower case.

Name **must** match the name under which you attended.

*This is how your name will appear on your diploma:*

\_\_\_\_\_  
\_\_\_\_\_

Daytime phone #: \_\_\_\_\_

Present name, if different:  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Graduation Date (Month/Year): \_\_\_\_\_

**Degree** (Please check):

Associate \_\_\_\_\_ Bachelor \_\_\_\_\_ Master \_\_\_\_\_  
Certificate \_\_\_\_\_ Prof'l. Dipl. \_\_\_\_\_ Doctorate \_\_\_\_\_

**Space Below for Use of Notary Only**

Do you want to **pick up** diploma? \_\_\_\_\_ **OR**

Would you like us to **mail** your diploma? \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_