PACIFIC COLLEGE of HEALTH AND SCIENCE

Diploma Replacement Form

This form is **only** eligible for awards issued by **the New York campus.** Please direct any questions about the diploma order process to registrar-ny@pacificcollege.edu. If you completed a program of study at the Chicago or San Diego campus, please consult with the Registrar's Office at their campus for assistance. Delivery time for replacement diplomas is approximately 8 weeks from receipt of order. Email confirmation will be sent when the order is complete.

SECTION 1: PERSONAL INFORMATION

_____

Last/Family/Surname First/Given Middle

_____

Previous/Maiden Name Used

_____ _____

Date of Birth (MM/DD/YY) Student ID or SSN

_____

Personal Email Address Telephone Number

Address (your replacement diploma will be mailed to the address entered below):

_____

House Number and Street Address

_____

City State/Province Country Postal Code

SECTION 2: Degree Information

_____ _____

Degree Awarded/Title Graduation Date

SECTION 3: Reason for Replacement

Reason for replacement (select one)

- ○ Damaged (evidence of the damage must be submitted to registrar-ny@pacificcollege.edu)
- ○ Name Change (Please ensure you have completed a Records Request Form with evidence to update your name in our system.)
- ○ Other (Please provide reason below)

_____

SECTION 4: Fee and Payment

☐ Replacement Diploma ($50.00)

_____ _____ _____

Credit card number Expiration Date CVV

I hereby certify that the above information and statements are true. I understand that Pacific College of Health and Science reserves the right to institute any appropriate legal or other proceedings for misrepresentation of the

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information stated above, or in the case of fraud. I, _____, authorize Pacific College of Health and Science to charge the amount listed above to the credit card herein.

Once you submit your request, the Registrar's Office will place your replacement diploma request within three to five business days, unless otherwise notified. If there are any issues with your request, the department will contact you via email with more information.

Signature: _____ Date: _____