

Duplicate Diploma Request Form

Name:		Date of Birth:	
Previous Name (if applicable):			
Year graduated:	Program of Study:		
Current mailing address:			
City	Si	rate ZIP	
Pick-up:	Daytime phone	number:	
Mail:	Email:		
Cost \$35 each No. of cop (Please make payment at the B) Note to student: Diplomas are of	ies: Tot		
nstructions for Submission effec	tive June 9, 2023:		
Send this completed form and a c	opy of photo identifica	ion	
By Mail: Rowan College of South Jersey - Gloucester Campus Student Services Building Student Records Office 1400 Tanyard Road, Sewell, New Jersey 08080		In Person: Student Services Building Office of Student Records, Rm 1129	
Do not write below—for in	ternal use only		
Dates-Order Month/			
		Records Received:	