

Medaille College
18 Agassiz Circle
Buffalo, New York 14214
Phone: (800) 292-1582 – Fax: (716) 880-2535

Diploma Reorder Form

All Diplomas Will Be Mailed Once All Academic & Financial Obligations Have Been Satisfied

Please type or print your name exactly as you wish to be printed on your diploma. Please return this form to the Office of the Registrar.
Diplomas will not be mailed until this form has been received.

Please Print or Type Neatly:

Name: _____
(First) (Middle) (Last)

ID/Social Security/ or Social Insurance Number: _____

Address Information:

Street: _____ City: _____

State/Province: _____ Zip Code/Postal Code: _____

Telephone Number: (____) _____ Email Address: _____

It is the student's responsibility to notify the college of any address changes. Diplomas will be mailed to the address provided,
"Return Receipt Requested".

Degree Information:

Graduation Date: (MM/DD/YYYY) ____/____/____

Associate of Science in: _____ Associate of Business in: _____

Bachelor of Science in: _____ Bachelor of Science in Education in: _____

Bachelor of Business Administration in: _____ Bachelor of Arts in: _____

Master of Science in Education in: _____ Master of Arts in: _____

Master of Business Administration in: _____ Honors: _____

Payment Information: (If Necessary) **CASH – CHECK – MONEY ORDER – CREDIT CARD**

- Amount: \$ 50.00 - Fifty Dollars (Diploma Replacement Fee)
- Make Checks Payable to **Medaille College**
- Credit Card: *Visa, Discover, MasterCard, American Express*

Name as Printed on Card: _____ Expiration Date: ____/____

Credit Card Numbers: (16 Digits, except for American Express): _____ - _____ - _____

Signature: _____ Name (Print): _____

Paid: _____ **Please Return to the Registrar**
(Business Office – Initials)