Swarthmore College Diploma Request Form

Replacement diplomas are normally made once monthly. Please be patient.

Date: _____

Please *print* your name while attending school: _____

Current name if different: _____

ID#: _____
if you don't remember your ID please retrieve it from the alumni webpage,
https://apex.swarthmore.edu/prod/apex/f?p=126

GRADUATION YEAR: _____

Where you can be reached if we encounter a problem filling your request:

Phone number: _____Email: _____

Major(s):_____

Minor(s):_____

Diplomas require a valid reason for duplication/replacement. Please indicate the reason for the request, [Lost, Damaged, Visa, Education, Employment]

Other: _____

PDF Version, Email:_____
Hard Copy (please provide address in the space below)

SPECIAL REQUESTS: _____
_____
PLEASE PRINT COMPLETE RECIPIENT NAME AND ADDRESS HERE:

Your *signature* is required: _____
*Mail, Fax, or scan and email this completed **signed** form; to the address, fax # or email below.*

Swarthmore College
Office of the Registrar
500 College Avenue
Swarthmore, PA 19081
Fax: 610-957-6100
Email: registrar@swarthmore.edu