

*This form is used to request a replacement diploma, for one that has been lost, damaged or a name change is desired. Only the student that received the diploma can submit this request.*

**Student Information:**

\_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name(s) \_\_\_\_\_ Suffix \_\_\_\_\_

Name while attending, if different \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID \_\_\_\_\_

Email Address \_\_\_\_\_ Cellphone \_\_\_\_\_

Address 1 (Street/P.O. Box) \_\_\_\_\_ Address 2 (apt/unit) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Name to be printed on replacement diploma: \_\_\_\_\_

**Reason for new diploma:**

Name Change *Please attach a legal document showing your new name, e.g. Marriage License, Driver's License, Social Security Card, Court Order, Divorce Decree.*

Lost/Stolen

Damaged

Other (please explain) \_\_\_\_\_

**Credentials requiring a replacement diploma:**

Grad Year/Sem	Type of credential (Bachelor, Associate, Certificate)	Emphasis

**Replacement diploma fee is \$35. The diploma design was updated in 2014.**

**Certification - I hereby certify that I am the individual whose name appears above. I certify that I was awarded the degree(s) and/or certificate(s) indicated above. I understand that giving false or misleading information to obtain this document may result in a fine, imprisonment, or both.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payment Information:** Please email the completed form to [registrar@coloradomtn.edu](mailto:registrar@coloradomtn.edu). Then please call the Registrar's Office at 970-947-8330 to submit payment over the phone. Your diploma request will not be processed until we have received payment. **Alternatively, please return form with check or money order to address below right.**