

REPLACEMENT DIPLOMA/CERTIFICATE APPLICATION

An individual seeking replacement of his/her diploma or certificate may obtain one by completion of the application below and submission of requisite fee of fifty (\$50.00) dollars *per copy*, payable to "Rutgers, The State University of New Jersey" and mailed to the following address:

Marie Shebunchak
Office of the RBHS Registrar
SSB, 65 Bergen St., Suite 1441
Newark, NJ 07101-1709

Once your new diploma or certificate is received from the University's supplier, it will be sent to you via UPS. **10 - 12 weeks.** For your convenience, this form is an online fill-in form. After completing the form it may be printed for submission. Please be sure to make a copy for your records.

Please [click here](#) to view a sample of your replacement diploma.

Current Legal Name

Name on Diploma (if different)

Social Security Number

Mailing Address (1)

Mailing Address (2)

Telephone Number

E-mail Address

Date of Graduation

Specific Degree Received (e.g., BS, MD, PhD, DMD, Certificate, etc.)

Full Name of School at Graduation (e.g., Seton Hall College of Medicine or Dentistry, CMDNJ-New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers Medical School, New Jersey Dental School, etc.)

Number of copies requested:

Explanation of reason for request (Return of damaged diploma, if available)

:

FOR NAME CHANGE, RETURN ORIGINAL DIPLOMA AND SUBMIT PAGE 2

OFFICIAL NAME CHANGE AFFIDAVIT

An individual seeking an official name change for his/her University administrative records must complete this application. It should then be **submitted to the Registrar for your School** along with the supporting documentation requested. This form is an online fillable form and may be printed for submission when complete. Please be sure to make a copy for your records.

My Current Legal Name Is:

First Name: Middle Name: Last Name:

Student ID# (If Known) Program/Major: If Joint Program, Affiliate:

SCHOOL OF THE UNIVERSITY:

Daytime Telephone #: Home Telephone#

Email Address:

I herein certify:

The name under which I attended Rutgers Biomedical and Health Sciences (formerly UMDNJ) is/was:

First Name: Middle Name: Last Name:

I am submitting the following supporting documents for this legal / official name change and ask that my records be updated.

- Attached Court Order
- Attached Supporting Documentation (marriage certificate, divorce decree, etc.)
- Other

1.

2.

My *Social Security Number Is:

(DO NOT KEY DASHES)

***A Copy of Your Social Security Card With New Name Is Required In Addition To Above Document(s).**

I am not changing my name for any fraudulent purpose or to avoid criminal prosecution.

I am making this Affidavit in order to aid in correcting or adjusting my records.

Date _____

Signature