



**Please read the following carefully:**

1. Orders will not be processed if there are financial holds (including parking violations) on your student account.
2. Diplomas are printed using the student name as recorded in the college database system, if you wish change the name we have on record, you must submit a completed change of name form. (Contact Student Services for instructions 216.373.5213)
3. Diploma requests will be processed and sent via U.S. Postal Service Certified Mail within approximately two weeks of receipt.
4. Diploma requests for degrees awarded prior to 1990 may take up to three weeks to process due to special order processing.
5. Please make check or money order payable to Notre Dame College.
6. Submit your request:
  - **in person** to Student Services (located on the 1<sup>st</sup> floor in the Administration Bldg.) with proper payment **OR**
  - **by mail** to Student Services Attn: Registrars Office 4545 College Road South Euclid, Ohio 44121

**Duplicate Diploma Request Form**

**Student Information**

<b>Full Name:</b> <i>(see note 2 above)</i>	<b>NDC ID:</b>
<b>Name at time of graduation:</b> <i>(if different from above)</i>	<b>SSN:</b> <i>(please provide SSN if NDC ID# is not known)</i>
<b>Phone Number (Required):</b>	<b>Email Address:</b>

**Degree Information**

<b>Degree Received</b> _____	<b>Number of Copies</b> _____ <b>(30.00 per copy)</b>
<b>Graduation Date</b> _____	

**Delivery/Pickup Information**

<input type="checkbox"/> Please MAIL the diploma to Address: _____ City: _____ State: _____ Zip: _____
<input type="checkbox"/> Please PHONE me to arrange diploma pickup (diplomas may be picked up from the Registrar's Office located in Student Services – ID must be provided at the time of pick-up)
<input type="checkbox"/> Please EMAIL me to arrange diploma pick up (diplomas may be picked up from the Registrar's Office located in Student Services – ID must be provided at the time of pick-up)

**Student Signature**

Student Signature (required): _____	Date: _____
-------------------------------------	-------------



**DUPLICATE DIPLOMA REQUEST FORM**

Date Received: \_\_\_\_\_

Staff Member (initial) \_\_\_\_

Payment Included (Y/N) \_\_\_\_\_

Degree: \_\_\_\_\_

Completion Term: \_\_\_\_\_

Date Processed: \_\_\_\_\_