



Office Use Only	
Amt Pd:	_____
Ck/MO#:	_____
Paypal Conf#:	_____
Processed by:	_____
Date Processed:	_____

Replacement Diploma Request Form

ALL requests forms for replacement diplomas must be completed and signed by the student for which the diploma is being requested.
A copy of a photo ID must be provided with the request.

PLEASE PRINT CLEARLY AND COMPLETE THE INFORMATION BELOW:

 Graduate's Full Name (as it appeared on the original diploma)
(If you are requesting a diploma in a name other than the one in which your diploma was originally issued, you must provide notarized documentation of name change e.g., copy of marriage certificate, divorce decree, etc.)

_____ High School Name _____ Year of Graduation

Date of Birth (MM/DD/YYYY): _____

Graduate's Phone Number: _____ Email: _____

Return Address (to whom and where the diploma should be mailed)

 Name

 Street Address/Post Office Box/Apt. No

 City/State/Zip Code

I hereby declare the above information is true and correct:

 Graduate's Signature _____ Date

Ordering Information:
Fees include postage and handling for Orders Mailed

- Duplicate Diploma (Standard – 2-3 weeks from date order placed) \$25.00 each
- Duplicate Diploma (Expedited – 1-5 business days from date order placed) \$60.00 each

Fees for orders picked up at: 23160 Moakley Street, Leonardtown, MD

- Duplicate Diploma (Standard – 2-3 weeks from date order placed) \$20.00 each
- Duplicate Diploma (Expedited – 1-5 business days from date order placed) \$55.00 each

Full payment must be received **before** orders are placed. Please include payment by check or money order made payable to “St. Mary’s County Public Schools”. If paying by Pay Pal, there will be a \$2.00 service fee added to your order at the time of ordering.

Return this form to: St. Mary’s County Public Schools
 Office of Strategic Planning and Communications
 23160 Moakley Street, Suite 108
 Leonardtown, MD 20650
 ATTN: Beverly Dahlstrom