

# SKIDMORE

C O L L E G E

Name: \_\_\_\_\_ Class Year: \_\_\_\_\_

Your name when you attended Skidmore: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ to \_\_\_\_\_

Name change requests: The College requires legal documentation of the name change in order to issue a diploma in a new name and update the College's records. This documentation must be issued by a court or judicial official.

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

I authorize Skidmore College to send a duplicate diploma on my behalf to the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the diploma will be marked "Duplicate Diploma" and bear the signature of the current officials at the College. A replacement fee of \$30 is required and must be received before my request can be processed. Payment must be in the form of check or money order and made payable to Skidmore College.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send request form with payment to:

Office of the Registrar  
Skidmore College  
815 North Broadway  
Saratoga Springs NY 12866

OFFICE OF THE REGISTRAR  
SKIDMORE COLLEGE SARATOGA SPRINGS NEW YORK 12866 PHONE 518-580-5710