



# DIPLOMA REORDER REQUEST

**DIRECTIONS:**

1. Please complete all required fields and **sign in black ink**. *Digital signatures are not acceptable and will be refused.*
2. Have a notary complete the bottom portion of this form.
3. Scan and email a copy to the Office of the Registrar at the following address: **registration@rcbc.edu**. *This is the preferred method to submit your request; if you cannot email, please mail to: RCBC, attn: Registrar-Diploma, 900 College Circle, Mount Laurel, NJ 08054.*

**Name:**

**Student ID # or  
Last 4 Digits of SSN:**

\_\_\_\_\_  
First Middle Last

Name at Time of Graduation \_\_\_\_\_  
First Middle Last

Name of Degree Earned (e.g., Associate of Arts in Art) \_\_\_\_\_ Date Awarded \_\_\_\_\_

Name of Second Degree Earned (if applicable) \_\_\_\_\_ Date Awarded \_\_\_\_\_

**Current Name and Address of Graduate (where diploma should be sent):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Daytime Telephone Number (required)

**\*\*\*Sign ONLY in the presence of notary\*\*\***

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Designated area for notary's signature and/or stamp.*

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Stamp