



SIMMONS UNIVERSITY
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617.521.3144

REPLACEMENT DIPLOMA REQUEST FORM

Current Name: _____

Name During Attendance: _____

Simmons ID # or last 4 digits of SSN: _____

Date of Degree Conferral: _____

Degree Received: _____

Date of Birth: ____/____/____ Daytime Phone: _____

E-mail Address: _____

**Checks and money orders should be made payable to Simmons University.
Credit card payments can also be submitted through our [electronic portal](#).**

If using the [electronic portal](#), please specify Type of Request and "Registrar's Office" in memo field.

| TYPE OF REQUEST | FEE | PROCESSING TIME | # OF COPIES |
|--|----------------|---|-------------|
| REPLACEMENT DIPLOMA (DOMESTIC) | \$50 per copy | Estimated 4-6 weeks to receive replacement diploma from vendor once we have received request and payment. | |
| REPLACEMENT DIPLOMA (INTERNATIONAL) | \$75 per copy | Estimated 4-6 weeks to receive replacement diploma from vendor once we have received request and payment. | |
| RUSH REPLACEMENT DIPLOMA (DOMESTIC) | \$100 per copy | Estimated 3-4 business days to receive replacement diploma from vendor once we have received request and payment. | |
| RUSH REPLACEMENT DIPLOMA (INTERNATIONAL) | \$150 per copy | Estimated 3-4 business days to receive replacement diploma from vendor once we have received request and payment. | |

Notarization needed

Apostille needed By selecting this box, you acknowledge that you have enclosed all of the [necessary documents](#).

If you need proof of graduation, you may request a degree verification. Verifications are free of charge and are processed in 3-5 business days. To request a verification please email registrar@simmons.edu.

All Diplomas produced after 9/1/2018 will say Simmons University, regardless of when you attended.

Provide mailing address for diploma:

| | |
|------------------|--|
| Name | |
| Street | |
| City, State, Zip | |

Signature: _____ Date: _____

OFFICE USE ONLY: Amount Paid _____ Check _____ E-Payment _____ Date _____ Initials _____