

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 sh	hould be mailed)		
Name			
Street Address/Post Office Box/Apt. No			
City/State/Zip Code			
I hereby declare the above information is t	rue and correct:		
Graduate's Signature	Date		
Ordering Information: Fees include postage and handling for Orders Mailed			
 □ Duplicate Diploma (Standard – 2-3 v □ Duplicate Diploma (Expedited – 1-5 	\$30.45 each \$45.95 each		
Fees for orders picked up at: 23160 Moakley Street, Le	conardtown, MD		
 □ Duplicate Diploma (Standard – 2-3 weeks from date order placed) □ Duplicate Diploma (Expedited – 1-5 business days from date order placed) \$40.9 			
Full payment must be received before orders order made payable to "St. Mary's County Pu service fee added to your order at the time of	ublic Schools". If paying by Pay Pal,		
Return this form to: St. Mary's County P	ublic Schools		

Office of the Superintendent 23160 Moakley Street, Suite 109

Leonardtown, MD 20650 ATTN: Melissa Evans