



ROBERT E. FITCH HIGH SCHOOL

School Counseling Department

101 GROTON LONG POINT ROAD GROTON, CT 06340

PHONE: 860-449-7200 FAX: 860-449-5615



Request for Replacement Diploma Form *ID required

Office Use
<input type="checkbox"/> ID Verified

Date: _____

Name: _____

Name Attended Under: _____

Address: _____

Street

City,

State

Zip Code

Telephone Number: _____

Date of Birth: ____/____/____ AND SSN: (last 4 digits only) _____

Year of Graduation: _____

Diploma (includes shipping) \$75.00

Check or money order made out to Fitch High School (memo. Replacement Diploma)

Office Use
<input type="checkbox"/> Paid _____

Please Note:

- The name that appears on the replacement diploma must be identical to the original.
- A replacement copy of the diploma will be issued only upon written request from the student in the event that the original was either lost or destroyed.
- Replacement diplomas resemble the original except that it will bear the signatures of the current Superintendent, Principal, Chairperson, Board of Education, Vice Chairperson, Board of Education.
- If requesting a diploma for someone who is deceased, include proof of your identity, proof or relation to the deceased (birth certificate, being mentioned in an obituary, etc), and proof of death (obituary, death certificate).
- Any personal information collected on this form is protected under the Freedom of Information and Protection of Privacy Act.
- Please allow 6-8 weeks from the date you send your request for delivery.
- We can not process a replacement diploma request without your signature below.

_____ Requestor's Signature	_____ Date	_____ FHS Principal Signature	_____ Date
_____ School Counseling Secretary	_____ Date	_____ Financial Secretary	_____ Date

FOR OFFICE USE ONLY

Full Graduation Date: ____/____/____