



Diploma/Certificate Request Form
The Office of Records & Registration
PO Box 7718 Ewing, New Jersey 08628-0718
(609) 771-2141

Date _____

Name (during time of attendance): _____

Social Security Number _____ - _____ - _____

Month and Year of Graduation: _____

Degree Earned: _____

Address to which diploma/certificate should be mailed:

(street address) _____

(city) _____ (state) _____ (zip) _____

Phone: () - _____

Signature _____

Request: TCNJ Diploma
 TSC Diploma
 Honors Certificate

Reason for request:

Note: There is a \$20.00 replacement fee for each diploma/certificate requested.