

## REPLACEMENT DIPLOMA/CERTIFICATE APPLICATION

An individual seeking replacement of his/her diploma or certificate may obtain one by completion of the application below and submission of requisite fee of fifty (\$50.00) dollars *per copy*, payable to "Rutgers, The State University of New Jersey" and mailed to the following address:

Marie Shebunchak  
Office of the RBHS Registrar  
SSB, 65 Bergen St., Suite 1441  
Newark, NJ 07107

Once your new diploma or certificate is received from the University's supplier, it will be sent to you via UPS within 10 - 12 weeks. For your convenience, this form is an online fill-in form. After completing the form it may be printed for submission. Please be sure to make a copy for your records.

Please [click here](#) to view a sample of your replacement diploma.

Current Legal Name

Name on Diploma (if different)

Social Security Number

Mailing Address

City, State, Zip Code

Telephone Number

E-mail Address

Date of Graduation

Specific Degree Received (e.g., BS, MD, PhD, DMD, Certificate, etc.)

Full Name of School at Graduation (e.g., Seton Hall College of Medicine or Dentistry, CMDNJ-New Jersey Medical School, Robert Wood Johnson Medical School, Rutgers Medical School, New Jersey Dental School, etc.)

Number of copies requested:

Explanation of reason for request (Return of damaged diploma, if available)

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**FOR NAME CHANGE, RETURN ORIGINAL DIPLOMA AND SUBMIT PAGE 2**

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# OFFICIAL NAME CHANGE AFFIDAVIT

An individual seeking an official name change for his/her University administrative records must complete this application. It should then be submitted to the Registrar for your School along with the supporting documentation requested. This form is an online fillable form and may be printed for submission when complete. Please be sure to make a copy for your records.

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My Current Legal Name Is:

First Name:  Middle Name:  Last Name:

Student ID# (If Known)  Program/Major:  If Joint Program, Affiliate:

SCHOOL OF THE UNIVERSITY:

Telephone #:  Email Address:

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## I herein certify:

The name under which I attended Rutgers Biomedical and Health Sciences (formerly UMDNJ) is/was:

First Name:  Middle Name:  Last Name:

I am submitting the following supporting documents for this legal /official name change and ask that my records be updated.

- Attached Supporting Documentation (court order, marriage certificate, divorce decree, etc.)  
 Other

1.

2.

In addition to the name change, I would like my records to reflect the following Gender:  M  
 F

My \*Social Security Number Is:

**(DO NOT KEY DASHES)**

**\*A Copy of Your Social Security Card With New Name Is Required In Addition To Above Document(s).**

I am not changing my name for any fraudulent purpose or to avoid criminal prosecution. I am making this Affidavit in order to aid in correcting or adjusting my records.

Date \_\_\_\_\_

Signature \_\_\_\_\_