

OFFICE OF THE REGISTRAR

505 Amherst Street Nashua, NH 03063 Phone: 603-882-6923 Fax: 603-882-8690

REPLACEMENT DEGREE / CERTIFICATE REQUEST FORM

(Please allow 4-6 weeks for delivery)

NAME ON ORIGINAL DEGREE,	/CERTIFICATE:		
ID# @			
YEAR GRADUATED:	DEGREE AWARD	DED:	
*****	*****	******	*****
	PAYMENT OPT	IONS	
A \$20.00	<i>0 processing fee must a</i> (For diploma replacem		
Cash 📄 *Check	Charge Card #:	(0 + M + 0 +)/	
		(Only MasterCard, Vis	a or Discover)
	Expiration Date:	VCode:	Last 3 digits on back of card
* Payable to Nashua Community	/ College		
*****	*****	*****	******
Do you want us to hold your repl	acement degree / certifica	te for pickup? YES	NO
MAIL DEGREE/CERTIFICATE TO:			
Signature:		Date:	
*****	*****	*****	*****

PLEASE NOTE THE FOLLOWING POLICY

If someone other than you will be picking up your degree/certificate, they must bring written authorization from you, as well as a picture ID, to be able to pick up your degree/certificate from our office.