THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY

Medical School Registrar   Phone: (585) 275-4541
Box 601   Fax: (585) 273-1016
601 Elmwood Avenue   mail: mdreg2@urmc.rochester.edu
Rochester, NY 14642

DIPLOMA REPLACEMENT REQUEST
For Graduates of the M.D. Program ONLY

Date_____

Your request must include:

If requesting replacement for lost/stolen diploma
- Original Police Incident Report

If requesting replacement for damaged diploma, original diploma must be returned with request
- $100 Processing Fee for all request (check or money order)

Replacement Policy details located at:
http://www.urmc.rochester.edu/education/md/documents/student-handbook.pdf

Please mail to:

_____
Individual and/or Department

_____
Institution

_____
Street Address

_____
City   State   Zip Code

_____   _____
Signature   Address

_____   _____
Print Name   Address

_____   _____
Maiden Name, if applicable   Date

_____   _____
Graduation Year   Telephone number / or e-mail

April 25, 2012