



DUPLICATE DIPLOMA RELEASE FORM

Please complete all items below and return this form to the Office of the Registrar at:

Mail: Human Resource Development Services Inc.
1480 Renaissance Drive, Suite 300 Park Ridge, IL 60068
Fax: (847) 298 2539 • **Email:** Records@mail.sjasm.org

STUDENT INFORMATION:

Student's Name (PRINT AS IT APPEARS ON DIPLOMA) Student ID

Phone Number Email Address

Street Address

City, State Zip

Attended? : Anguilla Bonaire St. Vincent

MAIL TO:

Same as above Address provided below Will pick up

Recipient Name

Street Address

City, State Zip

MUST SELECT ONE OPTION BELOW:

Diploma Only ~ \$50 FEE Diploma and Cover ~ \$75 FEE

AUTHORIZATION:

I hereby authorize Saint James School of Medicine to print a duplicate or replacement diploma and send it to the address provided above. I understand that I am responsible to pay all associated fees and that it may take up to 30 days to process the request.

Student Signature Date