

Diploma Replacement Request Form

There is a fee of \$40 (payable to RWJBH Trinitas School of Nursing) for each replacement diploma requested. This payment should be mailed to the Trinitas School of Nursing 40 W. Jersey St, 3rd Floor, Elizabeth, NJ 07202.

Student ID# (or Last 4 digits of SSN)

DOB

Student Phone Number

PLEASE PRINT YOUR NAME CLEARLY AS IT SHOULD APPEAR ON YOUR DIPLOMA

First Name

Middle Name or Initial

Last Name

Street Address

City

State

Zip Code

LIST MONTH AND YEAR YOU GRADUATED

DEGREE

FALL Month/Year _____

SPRING Month/Year _____

Nursing Diploma

DELIVERY METHOD: Hold diploma for pick-up

Mail diploma

Student Signature

Date