

# NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

## DIPLOMA REPLACEMENT ORDER FORM

To: Anyone needing to purchase a replacement diploma or certificate

From: Lydia Rodriguez-Bumgardner, NYTS Registrar  
 Email: [lbumgardner@nyts.edu](mailto:lbumgardner@nyts.edu) Fax: 212-870-1236

Rev. 07/2014 LRB

Please **PRINT** to fill out the form below and mail it to the Registrar's Office with a Money Order for \$50 payable to NYTS (**NO** personal checks). For expedited service you may either email or fax the form to the Registrar and call in your Credit/Debit card payment to the Business Office at 212-870-1219, or fill in the credit card information on the bottom of the form. Please be advised that your order may take as long as 2 months to be filled by the diploma company. If at all possible we prefer **NOT** to mail diplomas, as unfortunately, some diplomas have been lost in the mail. We will contact you as soon as the diploma is delivered to us to make arrangements for pick-up in person. However, if this is not possible because you live out of state, or some other reason, we will make every effort to mail it to you.

Name (**PRINT** as it appeared on school records at the time):

\_\_\_\_\_

Last

First

Middle

Current Address: \_\_\_\_\_

Number & Street

Apt. #

City

State

Zip

Tel: Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ Date and Year of Graduation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month

Date

Year

Check One: Degree or Certificate Received:

\_\_\_\_ Certificate in Christian Ministry (CP)

\_\_\_\_ Master of Professional Studies (MPS)

\_\_\_\_ Master of Arts in Religious Education (MARE)

\_\_\_\_ Master of Arts in Pastoral Care & Counseling (MAPCC)

\_\_\_\_ Master of Divinity (M.Div)

\_\_\_\_ Doctor of Ministry (D.Min)

Check One:

\_\_\_\_ I will pick up the diploma in person, or designate someone else to pick it up.

That person's name is: \_\_\_\_\_

\_\_\_\_ I cannot pick it up in person; please mail it to me at the address stated above; or to the alternate address printed below:

Alternate Mailing Address: \_\_\_\_\_

Number & Street

Apt. #

City

State

Zip

\*\*\*\*\*

### THIS AREA FOR OFFICIAL USE ONLY

Date Ordered: \_\_\_\_\_ Date Received: \_\_\_\_\_ Picked-up: \_\_\_\_\_ Mailed: \_\_\_\_\_ Date: \_\_\_\_\_

Payment Method: CASH\_\_\_\_ Money Order \_\_\_\_ CREDIT\_\_\_\_ Business Office: \_\_\_\_\_ Registrar: \_\_\_\_\_

\*\*\*\*\*

Charge to: Visa \_\_\_\_ MC \_\_\_\_ Discover\_\_\_\_ Name on Card: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card #: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_