



FORDHAM PREPARATORY SCHOOL

Faith, Scholarship, Service

DIPLOMA COPY REQUEST FORM

(Note: This is a paper document which will bear the official seal.)

Please print:

Name (First, Middle, Last):

Street address: _____

City: _____ **State:** _____ **Zip:** _____

Date of birth: _____ **Social Sec. #(last 4 digits)** _____

Phone: _____ **Email:** _____

Graduation year: _____ **Month:** _____ **Day:** _____

President: _____

Principal: _____

Signature: _____ **Date:** _____

1. Return this form to the reception desk in the Administration Center.
2. \$5 fee (cash or check)
3. Allow 2-3 days for processing

For Office Use Only

Verified by: _____ Received: \$ _____

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