



**Tufts**  
UNIVERSITY

School of  
Dental Medicine

## Duplicate Certificate Degree Form

Please complete this form to request a duplicate copy of your TUSDM Certificate degree. There is a \$35 fee per copy requested. You may deliver your completed request form and check (made out to: Trustees of Tufts) to the Dental Student Affairs Office on the 15<sup>th</sup> floor of 1 Kneeland Street, fax it to 617-636-0309 or mail it to:

Tufts University  
Registrar's Office  
Attn: Genevieve Olivera  
1 Kneeland Street  
Boston, MA 02111

**Please note: If this form is sent via fax, a certificate copy will not be ordered until a check has arrived in the mail.**

First name \_\_\_\_\_ Last name \_\_\_\_\_

E-mail Address \_\_\_\_\_

Former name, if any, during enrollment \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Degree awarded \_\_\_\_\_

Home address \_\_\_\_\_  
street apt. #

\_\_\_\_\_ city state zip code country (if not U.S.)

Telephone # \_\_\_\_\_

Please send \_\_\_\_\_ copies to the address below (if home address, leave blank).

Delivery Method (check one)

- Send certificate copy directly to the organization listed below.
- Place certificate copy in an envelope and mail it to me.

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ city state zip code country (if not U.S.)

I authorize the issuance of my certificate copy as indicated on this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_