



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 Office of Enrollment Services on the 15th floor of 1 Kneeland Street, fax to (617)636-4088, email to dental_registrar@tufts.edu or mail to:

Tufts University School of Dental Medicine
Office of Enrollment Services
1 Kneeland Street, 15th Floor
Boston, MA 02111

Please note: If this form is sent via fax or email, certificate copy will not be ordered until check payment is received.

First name _____ Last name _____

E-mail Address _____

Former name, if any, during enrollment _____

State exact name to be printed on Dental School Certificate _____

(Name change requires legal documentation to accompany request)
(For certificate, include D.M.D., D.D.S., or B.D.S. of dental school)

Dates of Attendance _____

Degree awarded _____

Home address _____
Street Apt. #

Telephone # _____
City State Zip code Country (if not U.S.)

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 to me.

Name of Organization _____

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

Signature _____

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