

SKIDMORE

Name: _____ Class Year: _____

diploma in a new name and update the College [• Œ }Œ •X dZ]• } μ u v š š]}v u μ • š]••μ
judicial official.

Permanent Address: _____

Phone Number: _____ Email: _____

I authorize Skidmore College to send a duplicate diploma on my behalf to the address below:

