

# DUPLICATE DEGREE / CERTIFICATE REQUEST

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last, First Middle

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Please Check One Option Below:**

I will pick up the degree / certificate

Please Mail to:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name as it should appear on your Diploma: \_\_\_\_\_  
First Middle Last

Degree / Certificate Title: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date of Request: \_\_\_\_\_

<b>Cashier's Use Only</b>	<i>Date Received at Counter</i> <b>A&amp;R Office Use Only</b>	<i>Date Degree / Certificate Printed</i> <b>A&amp;R Office Use Only</b>	<i>Date Given / Mailed to Student</i> <b>A&amp;R Office Use Only</b>	<b>Student's Initials Received In Person</b>
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