

## **CENTRAL STATE UNIVERSITY**

Office of the Registrar
P.O. Box 1004
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## DIPLOMA REPLACEMENT REQUEST FORM

STUDENT ID # or SSN:		DATE:			
NAME:First					
First	MI	Last		Maiden	
CURRENT ADDRESS:					
CITY: S	STATE:	ZIP CO	ZIP CODE:		
PHONE NUMBER: ()		BIRTH DATE:			
EMAIL ADDRESS:					
GRADUATION YEAR:	_				
		NT INSTRUCTIO		*****	
Type of Replacement: (Select One)		Diploma Replacement Fee: \$30.00			
□ Undergraduate	•	(Request will be processed within two weeks).  Padded Diploma Cover Fee: \$10.00 (Cover only available for Undergraduate diplomas)			
☐ Graduate					
Note: Name will show as listed on academic rec	ords 🗆 🛭	Reason for Request: (Check One) □ Damaged □ Lost □ Stolen			
Please send my diploma replacement to:					
NOTE: The Diploma Replacement w	vill have the c	urrent administration	n's signature bloc	k.	
Payment by cashier's check If paying by credit card (VISA, MasterCa and fax thi	rd, or Disc	order must accomover Card) please 337) 376-6188.	pany request. e complete the	fields below	
Card #	Expira	ation Date	Secure	e Code	
Card billing address:					
SIGNATURE (required):	·	DATE:			
				06/2017	