

REPLACEMENT/DUPLICATE DIPLOMA REQUEST FORM

Complete this form and bring it to 75 Piedmont Avenue, Suite 1190 or mail to Office of the Registrar, Diploma Division, P.O. Box 4017, Atlanta, GA 30302-4017, along with a check for \$20.00. Make check payable to Georgia State University.

Only graduates may request replacement/duplicate diplomas. Your legal name of record at Georgia State University will be the name printed on your diploma. If you have had a change of name, you must submit legal documentation with this form.

Print name exactly as it should appear on diploma.

_____ First

_____ Middle

_____ Last

Panther # _____

Date of Birth _____

Degree Earned _____

College _____
(Arts & Sciences, Business, Etc.)

Major _____

Date Awarded _____

Print the full name under which you were registered at the time of graduation if different from above.

_____ First

_____ Middle

_____ Last

In order to document the replacement/duplication of a diploma, please state the reason for this request.

After completing statement, you should sign this form in the presence of a Notary Public.

The above statement is true and correct, and I am the person named above who received the degree for which a replacement/duplicate diploma is requested.

Sworn to and subscribed before me this

_____ day of _____, 20 ____.

Signature of Graduate

Diplomas can take up to 4-6 weeks for processing and receipt.

MAIL DIPLOMA TO:

Phone: (day) _____ (evening) _____

Notary Public

County of _____

State of _____

Commission expires _____

FOR OFFICE USE ONLY

AMOUNT RECEIVED _____ DATE ORDERED _____

DATE RECEIVED _____ DATE MAILED OUT _____

SEAL