

# REPLACEMENT/DUPLICATE DIPLOMA REQUEST FORM

Complete this form and bring it to 249 Sparks Hall or mail to Office of the Registrar, Diploma Division, P.O. Box 4017, Atlanta, GA 30302-4017, along with a check for \$20.00.

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.)

**Date Awarded** \_\_\_\_\_ **Honors** \_\_\_\_\_

**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 \_\_\_\_.

\_\_\_\_\_  
**Notary Public**  
**County of** \_\_\_\_\_  
**State of** \_\_\_\_\_  
**Commission expires** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Graduate**

**Diplomas can take up to 90 days for processing and receipt.**

**MAIL DIPLOMA TO:**

\_\_\_\_\_

\_\_\_\_\_

**Phone: (day)** \_\_\_\_\_ **(evening)** \_\_\_\_\_



**FOR OFFICE USE ONLY**

AMOUNT RECEIVED \_\_\_\_\_ DATE ORDERED \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ DATE MAILED OUT \_\_\_\_\_