



FLORIDA STATE UNIVERSITY

Diploma Request

Revised 06/28/2016

Name (*Current Name*): _____ FSUSN: _____

Former Name (*If Applicable*): _____ Date of Birth: _____

Current E-Mail Address: _____ Phone Number: _____

FSU Academic College: _____

Name (*As it should appear on the diploma*): _____

(Note: If your name has changed since you graduated and you would like your new name printed on the diploma, we will need proof of the name change in the form of a copy of your driver's license, marriage license, etc.)

Degree Received: _____

Degree of Distinction (*If Applicable, circle one*): **Cum Laude** **Magna Cum Laude** **Summa Cum Laude**

Date of Graduation: _____

Major(s): _____

Diploma Mailing Address: _____

Orders are processed every Friday and delivery takes two to three weeks from the order date.

Official Diploma printer (11X14)

Number of copies: _____ (*There is a \$10.00 fee required for each copy of the diploma*)

- **Payments must be in the form of a check or money order made payable to "Florida State University."**
- **Payments must be received along with this request before the order can be processed.**
- **By signing this request form, you acknowledge the \$10.00 charge for each diploma and agree to make payments in full before diplomas can be ordered.**

Mail request and payment to:
Office of Student Business Services
Florida State University
A1500 University Center
282 Champions Way
P.O. Box 3062394
Tallahassee, FL 32306-2394

Student's Signature

Date