

## **Replacement Diploma Request**

## **PERSONAL INFORMATION**

Current Name	FSUID
Former Name (if applicable)	Date of Birth
Current Email Address  Please select an option: do you prefer we contact you by email	10-Digit Phone Number ☐ or telephone ☐ ?
Name As It Should Appear on Your Diploma <b>NOTE:</b> If your name has changed since you graduated and you wo proof in the form of a copy of your driver's license, marriage licens	ould like your new name printed on the diploma, you must provide se, etc.
DEGREE INFORMATION	
For which degree are you requesting a replacement? 🔲 Associa	ate 🗌 Bachelor 🔲 Master 🔲 Doctoral
Graduation Date Program: Year	
Select the degree of distinction if applicable:   Cum Laude	☐ Magna Cum Laude ☐ Summa Cum Laude
	DELIVERY METHOD
QUANTITY (\$10.00 per copy)	☐ I will pick up my diploma (photo I.D. is required).
8.5" X 11" (Associate)	I authorize the person named below to pick up my diploma:
11" X 14" (Bachelor, Master, or Doctoral Degrees)	(Authorized individual must present photo I.D.)
PAYMENT Payments must be made in the form of a check or money order made payable to Florida State University and must	I would like my diploma mailed to the address below:
be received before the order can be processed.	Street:
MAILING INFORMATION	City:
Orders are processed weekly, and delivery takes two to three weeks from the order date. Mail your request and payment to:	State: Zip Code:
Office of Student Business Services	NOTE D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

**NOTE:** Replacement diplomas will be issued using the current diploma format; therefore, they may not be an exact replica of your original diploma. Replacement diplomas will include a "Replacement Diploma issued on [date]" statement in the lower left corner. This statement is generally hidden depending on the type of frame and matting used.

**IMPORTANT:** Any diplomas unclaimed or returned undeliverable will be discarded after one year, and they must be reordered with full payment.

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