



SOUTHWESTERN UNIVERSITY

REPLACEMENT DIPLOMA REQUEST FORM

PLEASE CLEARLY PRINT ALL INFORMATION

In accordance with the Family Educational Rights and Privacy Act of 1974, as amended, student academic records are classified as confidential, and may be released *only with the student's written authorization and signature.*

STUDENT INFORMATION

Name: _____
Last
First
Middle

Name at time of attendance, if different from above: _____

Student ID or SS#: _____ Date of Birth: _____

Email: _____ Phone: _____

Graduation Year: _____ Degree & Major: _____

MAILING ADDRESS

Address: _____

City: _____ State: _____ Zip Code: _____

Student Signature: _____ **Date:** _____

Please mail the completed form and a check for \$20 to:

Southwestern University
 Office of the Registrar
 PO Box 770
 Georgetown, TX 78627

Center for Academic Success and Registrar • PO Box 770 • Georgetown, TX 78627
Phone: 512-863-1952 • Fax: 512-863-1685 • registrar@southwestern.edu