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: ____________________________

Diploma replacement cost:

Domestic: $20
International: $65

Please mail completed form and payment 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

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