

## **REPLACEMENT DIPLOMA REQUEST FORM**

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 d	ifferent from above:	
Student ID or SS#:	Date of Birth:	
Email:	Phone:	
Graduation Year:	_ Degree & Major:	
Notes/Comments:		
MAILING ADDRESS		
Address:		
City:	State:	Zip Code:
Student Signature:		Date:
	Diploma replacement cost:	
	Domestic: \$20 International: \$65	
	international: \$65	
Please	mail completed form and pay	ment to:
	Southwestern University Office of the Registrar	
	PO Box 770	
	Georgetown, TX 78627	
	gistrar ● PO Box 770 ● Georgetown, ' ● Fax: 512-863-1685 ● registrar@sou	