

LAKE SUPERIOR STATE UNIVERSITY  
Registrar's Office  
650 W. Easterday Avenue  
Sault Ste. Marie, MI 49783  
Phone: 906-635-2682  
Fax: 906-635-6669

## REPLACEMENT DIPLOMA REQUEST

Please print this form, complete, and mail or fax to the Registrar's Office

**(Please Print)**

Student ID \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Birthdate \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First Middle

Previous Name(s) \_\_\_\_\_

Would you like the Replacement Diploma to indicate your new name? If so, please also complete a Name Change Form (include documentation) and submit with this request.

Current Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_

Degree Awarded \_\_\_\_\_ Year Awarded \_\_\_\_\_

Number of Diploma's requested \_\_\_\_\_ (to be sent to address above)

**Student's Signature** \_\_\_\_\_

**Requests can NOT be processed without your signature.**

The cost of each Diploma requested is \$20.00. Please choose method of payment and complete the appropriate information:

Enclosed please find my check in the amount of \_\_\_\_\_.

Please bill my credit card:       Visa       Mastercard       Discover

Name on Credit Card: \_\_\_\_\_ Amount to be billed: \_\_\_\_\_  
Please Print

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_