

To receive a duplicate copy of your degree, please complete this form and submit it, along with your payment of the \$20.00 fee, to Southern University at New Orleans Registrar's Office. Submit one form for each requested duplicate diploma. The fee may be paid in person with cash, money order, or credit/debit card or mail this form, with a money order payable to Southern University at New Orleans, ATTN: Registrar's Office, 6400 Press Drive, New Orleans, Louisiana 70126.

According to our present policy, all duplicate diplomas show the date the degree was originally conferred and bear the signatures of the original University officials. The name to appear on the duplicate diploma will be that which appears on University records. If your reason for ordering the duplicate diploma is that you have had a change of name, please indicate your new name as requested below. Please attach a completed *Change of Name and/or Address* form with the required documentation.

Your duplicate diploma will be mailed to you at the address listed below. Please allow up to thirty (30) business days (not including weekends or holidays) for your duplicate diploma/certificate request to be processed.

Name as listed on University records:

Last Name	First Name	Middle Initial	Maiden Name
-----------	------------	----------------	-------------

Name as it should appear on diploma:

Last Name	First Name	Middle Initial	Maiden Name
-----------	------------	----------------	-------------

Date of Birth: _____ Last 4-digits of SSN _____ SUNO ID # _____

Mailing Address:

Street	City	ST	Zip
--------	------	----	-----

Telephone: _____ E-mail _____ @ _____

DEGREE EARNED: (CHECK ONE)	AA ___	BA ___	BS ___	BSW ___	MA ___	MS ___	MSW ___
Major _____	Second Major (if applicable) _____						
Concentration _____	Second Concentration (is applicable) _____						

Date of Graduation: _____ Delivery Method: will pick up diploma mail diploma

Reason for Request: lost damaged incorrect other _____

Please note that the approximate delivery time is 2-4 weeks.

Student's Signature: _____ Date: _____

REGISTRAR'S OFFICE USE ONLY			
Received Date: _____	Mailed Date: _____	Picked-Up Date : _____	Payment information: <input type="checkbox"/> cash <input type="checkbox"/> money order <input type="checkbox"/> credit card