

# **Diploma/Certificate**

## **Replacement Request Form**

#### PLEASE COMPLETE THE BELOW:

- First, check the box selecting the product option
- Second, check the box selecting the shipping option
- Third, submit paper request with payment

<b>REPLACEMENT OPTIONS:</b>				
*DIPLOMA FEES:	Check E	Box Number of Replacement		
\$20.00 Each Replacement Diploma (REPLDIPLOMA)		I would like Diploma(s)		
\$20.00 Each Replacement Diploma Cover (DIPLOMACO)	VER)	I would like Cover(s)		
*Graduation/Commencement fees include 1 original diploma with cover.				
CERTIFICATE FEES:				
\$10.00 for each Certificate (CERTIFICATE)		I would like Certificate(s)		
(Graduate/Post-Baccalaureate Only)				

### SHIPPING OPTIONS:

DOMESTIC DESTINATION:	Check Box
*Standard Service – included w/Replacement Option Fees	
Rush Service (10 business days) - \$90.00 (GOLDRUSHDIP)	
INTERNATIONAL DESTINATION (Pricing varies from S	\$90.00 - \$250.00)
· · · ·	78-1000 [Select Option 4]

 Orders are bulk processed for printing, with delivery upon completion of all documents submitted, and are then mailed out in bulk.

<b>PAYMENT (Options Currently Available):</b>	
CHECK/MONEY ORDER PAYABLE TO SACRAMENTO STATE	
Mail Option – Sacramento State, Bursar's Office	
6000 J Street, Lassen Hall, MS 6052	
Sacramento, CA 95819	
<b>Submit in Person</b> – Sacramento State, Bursar's Office	
Lassen Hall, Room 1001	

### **REQUIRED INFORMATION TO COMPLETE YOUR REQUEST**

Please clearly provide the below information in blue or black ink NAME will print on the diploma as completed in the fields below

may be used, hov		oma match your official legal name. Preferred name ploma will NOT be able to verify your degree, as a
Legal Name: First:	Middle:	Last:
Diploma Name	(Complete only if you would like th	nis name on the Diploma):
First:	Middle:	Last:
Student ID #: _	Date of Birth:	Month: Day:
<b>DEGREE INF(</b> Degree Type: _	ORMATION: (BA, BS, MA, MS, etc.)	
Graduation:	Semester:	Year:
Major:		
	INFORMATION:	
Certificate Issu	ed: Semester:	Year:
ADDRESS F	OR SHIPPING INFORMAT	ION ONLY:
Street Name/N	lumber or PO Box:	
City/State/Zip	Code:	
Daytime Phone	e Number:	
Email:		

Total fees included with Diploma/Certificate/Shipping request: \$\_\_\_\_\_

## **STUDENT'S SIGNATURE (REQUIRED):**

DATE