

REQUEST FOR DUPLICATE DIPLOMA

Fee: \$25.00 Per Diploma

California State University, San Bernardino

Office of the Registrar

5500 University Parkway, San Bernardino, CA 92407

909-537-5219 Fax 909-537-7021

Please send [[How many?](#)] duplicate diploma(s) to the following address:

Last Name:	First:	Middle Initial:
Street Address:		
City:	State:	Zip Code:
Country (if not in the US):		
Please tell us EXACTLY how you would like your name to appear on your diploma(s): (If name is different from our records, supporting documentation is required; i.e. copy of marriage certificate, new driver's license, SSN.)		
➔ Please print clearly: _____		
Student's Name:		Student ID #:
Date of Birth:	Date of Graduation:	
Degree Received and Major:		
Phone number (should we need to reach you):	Home ()	Work ()

Student's Signature: _____ **Date:** _____

Office Use Only:	# of copies: _____	\$ _____	Check # _____	Rec'vd By _____	Date _____
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