

Office of the Registrar
433 Bolivar Street
New Orleans, LA 70112
(504) 568-4829 Fax (504) 568-5545
registrar@lsuhsc.edu

REQUEST FOR DUPLICATE DIPLOMA OR CERTIFICATE

Clear Form

To order a duplicate diploma or certificate, please complete this form and mail it to the above address along with a check or money order for \$30.00 payable to LSUHSC. Please allow up to eight weeks for processing.
Certified Copy: No charge if a photo copy of the diploma is provided or one is on file at the university.

1. Name _____ Student ID # _____
Last, First, Maiden or Middle on Back of ID Card

2. Social Security # _____ Date of Birth ____/____/____

3. Contact Information (____) _____ (____) _____ _____
Daytime phone Evening phone Email

4. Name as It Appears on Diploma/Certificate

5. School Attended Allied Health Professions Dentistry Graduate Studies
 Medicine Nursing Public Health

6. Dates of Attendance from ____/____/____ to ____/____/____ Graduation Date ____/____/____

7. Degree _____

8. Reason for Duplicate Request: _____

9. Mail to:
Your Name _____
Street _____
Street _____
City _____ State _____ Zip _____

➤ ➤ ➤ ➤ ➤ Your signature is required. ⏪ ⏪ ⏪ ⏪ ⏪

Signature _____ Date ____/____/____