

OFFICE OF RECORDS AND REGISTRATION  
St. Cloud State University  
720 4<sup>th</sup> Avenue South  
St Cloud MN 56301-4498

**REQUEST FOR DUPLICATE DIPLOMA**

SCSU I.D. or SSN # \_\_\_\_\_

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Complete name as shown on University records.

\_\_\_\_\_

First	Middle	Maiden	Last
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Print your name below as you wish it to appear on the diploma. **DO NOT** use nicknames or change the spelling of your legal name. You may use a middle initial or delete your middle name or elect to include or delete a maiden name.

\_\_\_\_\_

First	Middle	Maiden	Last
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Degree Earned (Please check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Associate in Arts             | <input type="checkbox"/> Bachelor of Music                 |
| <input type="checkbox"/> Associate in Elective Studies | <input type="checkbox"/> Bachelor of Science               |
| <input type="checkbox"/> Associate in Science          | <input type="checkbox"/> Master of Arts                    |
| <input type="checkbox"/> Bachelor of Applied Science   | <input type="checkbox"/> Master of Business Administration |
| <input type="checkbox"/> Bachelor of Arts              | <input type="checkbox"/> Master of Science                 |
| <input type="checkbox"/> Bachelor of Elective Studies  | <input type="checkbox"/> Master of Social Work             |
| <input type="checkbox"/> Bachelor of Fine Arts         | <input type="checkbox"/> Masters in Engineering Management |
|  | <input type="checkbox"/> Specialist                        |

Date of Graduation \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mail diploma to: Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City,State,Zip \_\_\_\_\_

**\$10.00 per diploma – Cash or check accepted.**  
**Make check payable to St. Cloud State University.**

Signature of Student \_\_\_\_\_

Allow approximately three weeks for receipt of diploma.