



Washington State University

# Replacement Diploma Form

Undergraduate Degree Office

Complete this form and sign below. Please print clearly.

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

Surname on diploma must agree with surname on transcript. Contact the Undergraduate Degree Office if your name does not match the name on your WSU transcript. This form is intended for the reissuing of original diploma; multiple diplomas are not available.

|              |          |        |
|--------------|----------|--------|
| Name (First) | (Middle) | (Last) |
|--------------|----------|--------|

|  |                        |
|--|------------------------|
| WSU ID Number or Social Security Number (required if WSU ID # not known) | Birthdate (12/12/2012) |
|--|------------------------|

Degree Title

|                                   |        |
|-----------------------------------|--------|
| Graduation Date (semester & year) | Honors |
|-----------------------------------|--------|

What happened to original diploma:  
 Damaged     Lost     Destroyed     Never Received  
 Other, Please Explain: \_\_\_\_\_  
\_\_\_\_\_

**Mail My Diploma To:**

Street Address

|      |                |          |
|------|----------------|----------|
| City | State/Province | Zip Code |
|------|----------------|----------|

Country (if outside the U.S.)

|       |              |
|-------|--------------|
| Email | Phone Number |
|-------|--------------|

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this Form To:**

Please return this form with a \$50.00 check or money order payable to WSU:

Office of the Registrar  
P.O. Box 641035  
Pullman, WA 99164-1035  
509.335.9506

Damaged diplomas that are returned with this form do not require the \$50.00 payment.  
Diplomas that are lost in the mail, please contact our office for further instructions.

**For Office Use:**

|                          |                      |
|--------------------------|----------------------|
| Form received _____      | Payment Amount _____ |
| Degree verified by _____ |                      |

|                               |                 |
|-------------------------------|-----------------|
| Date printed and mailed _____ | Receipt # _____ |
|-------------------------------|-----------------|

Posted to spreadsheet \_\_\_\_\_