



Application for Replacement or Duplicate Diploma

This form will be processed within 5-10 working days upon receipt.

Fee: \$10.00 per copy per career (i.e., undergraduate, graduate or doctoral)

Make check or money order payable to Fayetteville State University/1200 Murchison Road/Fayetteville, NC 28301

Current Name _____
Last First Middle Init

Name on the Original Diploma: _____
(The initial original name on the diploma will print on the replacement diploma)

Graduation Date: _____ Degree: _____ Honors: _____ # Copies: _____
Mon/Day/Year

Student School Id or Birthdate: _____

Mailing Address: _____

Phone #: _____

Notarized Statement for Replacement Diploma/Change of Name:

Please check one of the following:

- _____ a. My original diploma was lost.
- _____ b. My original diploma was destroyed. (Please return remains of original diploma.)
- _____ c. My original diploma was never received.
- _____ d. My name has been legally changed, and I request that my name be changed on the diploma.

From: _____ To: _____

(Please return original diploma and provide appropriate name change documentation)

_____ e. Other : _____

Is the original diploma enclosed: ___ Yes ___ No

If No, Explain Why: _____

I, _____, hereby request a replacement diploma and attest that

(Print)

the above information is accurate.

Signature: _____

Signed by and subscribed in my presence this _____ day of _____ 20_____

Signature of Notary Public Commission

Expiration Date

For Registrar's Office Use Only:

Date Received: _____ Check No: _____ Amount Enclosed: _____