



Registrar's Office

APPLICATION FOR DUPLICATE DIPLOMA

Legal Name _____
Last First Middle Maiden

Address _____
Number and Street City State Zip Code

Social Security Number _____ Date of Birth _____ Telephone Number _____

Reason for Request of Duplicate Diploma _____

Date of Graduation _____

Degree Earned and Major _____
College Degree Major

Request for (Check One) _____ OR _____
Duplicate Diploma Duplicate Diploma and Cover

Requested Date _____ Signature _____

**Note: Signatures of Current Officials will appear on Duplicate Diploma.
Name will appear on New Diploma as written on application for duplicate diploma.**

\$40.00 – Duplicate Diploma
\$50.00 – Duplicate Diploma and Cover
(Only Money Orders and Cashier's Checks Accepted in Registrar's Office)

~ Please do not write below this line~

4/ 1/ 08pjh

FOR OFFICE USE

Application Paid _____ Receipt Number if paid in Accounting (attach copy) _____

Application Processed By _____ Date _____

Order Typed By _____ Date _____

Approved for Processing By _____ Date _____

Reviewed by _____ Date _____
Registrar

Date Mailed to Student _____

Certified Mail Tracking Number _____

P. O. Box 589 Grambling, LA 71245 318-274-2385 Fax: 318-274-2777 www.gram.edu

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