



Last Name First Name Middle Initial

Student ID Number

## BACCALAUREATE REPLACEMENT DIPLOMA REQUEST

Please fill out this form completely. Make your check or money order payable to San Francisco State University.

**Mail to: Registrar's Office  
San Francisco State University  
1600 Holloway Avenue  
San Francisco, CA 94132-4006**

**Contact us at: (415) 338-2350  
records@sfsu.edu**

- o Diploma orders are filled on the second Friday of each month (excluding holidays). Please allow up to 6 weeks for delivery.
  - o Express diploma orders are available for an additional charge, (see prices below) and are ordered every Friday (excluding holidays). Please allow 5 business days for delivery after the order is sent to our printer. **No P.O. Boxes on Express Orders.**
  - o Signatures on replacement diplomas do not necessarily match those on the original diploma.
  - o Diplomas damaged in the mail are not the responsibility of the University.
  - o University financial obligations must be paid before your diploma can be issued.
- Please contact the Bursar's Office if you have a financial hold by calling 415.338-1281 or by email at bursar@sfsu.edu.

Type of Diploma	Quantity	Unit Price	Amount
Diploma sent to U.S. & Canada via Regular Mail			
Diploma sent to U.S. & Canada via Express Mail			
Diploma sent to International Addresses via Regular Mail			
Diploma sent to International Address via Express Mail Shipping			
<b>Total</b>			

Is this a reissued diploma with a Name Change?  Yes  No

**PLEASE PRINT OR TYPE YOUR NAME AS IT APPEARS ON UNIVERSITY RECORDS:**

\_\_\_\_\_  
First Middle Last

**PLEASE PRINT OR TYPE NAME AS YOU WISH IT TO APPEAR ON YOUR DIPLOMA:**

\_\_\_\_\_  
First Middle Last

SFSU ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Month/Year Graduation \_\_\_\_\_

Degree Earned (BA/BS) \_\_\_\_\_ Major \_\_\_\_\_

**Please send the diploma to the following address:**

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Province \_\_\_\_\_ Email \_\_\_\_\_

**AFFIDAVIT: I hereby certify that the information provided is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Registrar's Office:

Verified	Fee Enclosed	Diploma Ordered
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