## **Replacement Diploma Request Form**



A replacement diploma is printed in the current format showing the graduate's name, degree earned, designated honors, college which awarded the degree, date of graduation, and signature of the dean at the time of graduation. All other signatures on the diploma will be those of incumbent University and/or State of cials.

A fee of \$10.00 is charged for a replacement diploma. (This fee is subject to change)

Complete this form and mail it to the address below. Attach your check or money order for \$10.00 made payable to University of South Florida and send to:

Replacement Diploma USF Payments - Banner PO Box 737442 Dallas, TX 75373-7442

## PLEASE ALLOW THREE WEEKS FOR DELIVERY.

| Name at the time of grad    | uation                                                            |                                  |                                                  |
|-----------------------------|-------------------------------------------------------------------|----------------------------------|--------------------------------------------------|
| Name you wish to have p     | rinted on your diploma                                            |                                  |                                                  |
| If this name is diferent fr | om that displayed above, legal                                    | documentation must be s          | submitted with this form.                        |
| USFID Number                |                                                                   | Date of Birth                    |                                                  |
| Date of Graduation          |                                                                   | Degree Awarded                   |                                                  |
| Honors Earned               |                                                                   | College(s)                       |                                                  |
| Diploma Mailing Inform      | ation                                                             |                                  |                                                  |
| Street Address 1            |                                                                   |                                  |                                                  |
| Street Address 2            |                                                                   |                                  |                                                  |
| City                        | State                                                             | Zip Code                         | Country                                          |
| Phone                       | Email                                                             |                                  |                                                  |
| If you would prefer to p    | ick up on campus, please ch                                       | eck the applicable box:          |                                                  |
| Tampa St. Pe                | tersburg 🔲 Sarasota-Manate                                        | 96                               |                                                  |
| Graduate's Signature        |                                                                   |                                  | Date                                             |
|                             | ived the DPT, MD, MPAS, or Phan<br>pay for a replacement diploma. | mD degree should email <u>co</u> | mregistrar@usf.edu to both initiate a request fo |