

Duplicate Diploma Request Form

Office of the Registrar 9700 West Taron Drive Elk Grove, CA 95757 CNRegistrar@cnsu.edu

INSTRUCTIONS

Complete form and return with a \$20.00 check made payable to California Northstate University to the Office of the Registrar.

Please Note the Following:

- Emailed or faxed requests cannot be honored.
- The duplicate diploma will reflect your official graduation date and information. However, the duplicate will bear the signatures of the current officers of the College.
- The statement "Duplicate" will appear at the bottom of the diploma.
- Duplicate diplomas will not be released if financial obligations to CNU are not satisfied. Please contact the Business Office/Controller at 916-686-8975 with questions regarding your account.
- Please allow 30 business days to receive the duplicate diploma in the mail.

| DIPLOMA INFORMA | TION | | | | |
|----------------------------------|---------------------------|--------------------------|----------------|--------|--|
| Legal Name: | | | | | |
| Last | | First | | Middle | |
| Previous Name (if app | olicable): | | | | |
| | Last | First | | Middle | |
| Student ID#: | Class of:_ | Da | te of Graduati | on: | |
| Request for Request (| check one): 🛮 Original di | ploma has been lost or d | amaged | | |
| | □ Other: | | | | |
| | | | | | |
| STUDENT INFORMA | ATION | | | | |
| Phone: | Email: | | | | |
| Permanent Address: | | | | | |
| | Street | | | | |
| | | | | | |
| | City | | State | Zip | |
| | | | _ | | |
| Student Signature: | | | D |)ate: | |
| OFFICE OF THE REGISTRAR USE ONLY | | | | | |
| Date Received: | Date Processed: | Processed I | Зу: | | |