



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			
Total			

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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