BANNER ID	NAME_				_ DUPLICATE DIPLOMA
		Last Name	First	Middle	

APPLICATION FOR DUPLICATE SLIPPERY ROCK UNIVERSITY DIPLOMA

SLIPPERY ROCK UNIVERSITY
OFFICE OF ACADEMIC RECORDS & REGISTRATION
104 MALTBY AVENUE, SUITE 107
SLIPPERY ROCK, PA 16057
PHONE: (724) 738-2010 FAX: (724) 738-2936

academic.records@sru.edu

Former graduates of Slippery Rock State Teachers College, Slippery Rock State College, or Slippery Rock University may request a duplicate diploma indicating graduation from <u>Slippery Rock University</u>. The diploma will read "Slippery Rock University" and will have the current SRU and PASSHE leadership listed. **PLEASE NOTE: An email address is required to issue a duplicate diploma.**

The completed form can be faxed to 724-738-2936, emailed to academic.records@sru.edu, or mailed to the address listed above. There is a \$20 fee for each duplicate diploma. The fee can be paid via credit card online or by mailing a check payable to Slippery Rock University with your completed form. If you are requesting more than one type of awarded degree (i.e. Bachelors & Masters), please use a different form for each type. Once issued, you will receive an email from Parchment with a digital copy of your diploma, and then a mailed copy will be sent in approximately two weeks.

1.	Print name as it is to appear on the	e diploma:						
	First	Middle or	Maiden	Last				
	NOTE: If your name has changed since your original diploma was issued, you must submit a court record or other legal document authorizing the name change.							
2.	Name you were registered at Slippery Rock University if different than the name above:							
3.	Student Birthdate:	4.	Work Phone:	()				
			Home Phone:	()				
			Email:REQUIRE	ED				
5.	Mailing Address for Duplicate Di	ploma:						
	Street							
	City	So	ate	Zip				
6.	Date Graduated from Slippery Ro	ck: 7.	Degree Award	ded: i.e Bachelor of Science, Master of Educatio				
	Month Day	Year						
	Student's S	Signature		Date				