



OFFICE OF THE REGISTRAR
P.O. Box 9217
Gandy Hall
Virginia State University, Virginia 23806
804-524-5275

REQUEST FOR REPLACEMENT DIPLOMA

(PLEASE PRINT NAME AS IT SHOULD APPEAR ON DIPLOMA)

NAME: _____
First Middle Last

V#/SSN: _____ **EMAIL:** _____

ADDRESS: _____

City State Zip

TELEPHONE NUMBER: (_____) _____

Disclaimer: For identification purposes, please indicate your maiden name on the line below. This will not modify the name that will appear on the diploma.

MAIDEN NAME: (if applicable) _____

I hereby request a Replacement Diploma for the _____ degree
with a major in _____ received on
(Graduation date) _____

By my signature below, I certify that I am a graduate of Virginia State University. I understand that for the **\$25.00** Replacement Diploma Fee, I will be mailed, to the above address, a current University Diploma inscribed with my name and degree enclosed in a diploma case.

I further certify that I am not indebted to the University, understanding that this request could not be honored were that the case. I understand that this request cannot be honored if my claim to a University degree is not supported by the University Record.

I understand that this request and the associated fee (**money order or certified check only**) must be received in the Office of the Registrar, at the address indicated above. Please allow 6-8 weeks for processing time.

Signature: _____ **Date:** _____