



**Southern**  
Illinois University  
**Carbondale**

## DIPLOMA RE-PRINT REQUEST

Name on record: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

ID#: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Degree: \_\_\_\_\_

Major: \_\_\_\_\_

Reason for reprint request: \_\_\_\_\_

**\$25** is required for each diploma reprint. Do not send cash. The Check or money order should be made payable to SIUC.

A check is enclosed for \_\_\_\_\_ copy/copies (limit 3).

Diploma Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_