

## Request for Undergraduate Diploma Reprint

First:	Middle:	Last:	
Name that should appear on your	diploma (if different from you	r SIUC record name, an officia	I name change may be required).
Dawg Tag:		SSN:	
Date of Birth:	Email:		_ Phone:
Graduation Date:	Degree Awarded:		-
Major:			
Authentication Required: Yes	typically require students	s' records to be certified by the school or u ty. If you plan to frame a diploma, authentic	untry other than the USA, the authorities in those countries niversity and then authenticated by the State via an Apostil action is not recommended as the notary stamp on the back
I wish to have my diploma mailed:		I will pick up my diploma.	
		<u> </u>	
l authorize			to pick up my diploma on my behalf.
Signature:		Date:	
	Paymei	nt Information	
A \$25.00 reprint charge is rec			·
made payable to SIU must acc	company your reprint requ	est. Submission of paymen	t is non-refundable.
A check/money-order is enclo	osed for copies	s of my diploma in the amo	unt of \$
	aduation Office Use Only:		
Processed by:			
Date Ordered:	_ Date Mailed:		