



Duplicate Diploma Request Form

- **The following processing options are available:**
 - Hold for pickup at the Records Office = **\$50**
 - USPS Certified Mail within the United States = **\$50** (signature required, includes tracking number)
 - FedEx International = **\$100** (includes tracking number)
 - Rush processing options may be available—contact us for details.
- **Academic records for degrees earned between 1967-1989 are held by Loma Linda University.** Please email registrar@llu.edu.
- **Please contact us for details and pricing on multiple duplicate diplomas.**
- **Payments are accepted through the following methods:**
 - In person at the Bursar's Office
 - Credit card via phone through the Bursar's Office: (951) 785-2152
 - Check or money order made payable to "La Sierra University"

Return this form to the Records Office:

La Sierra University
4500 Riverwalk Parkway
Riverside, CA 92505-3332
Fax: (951) 785-2447
Phone: (951) 785-2006
Email: diploma@lasierra.edu

For your protection, please do NOT email or write in your payment information or social security number.

STUDENT INFORMATION

Last Name	First Name	ID Number	Date of Birth
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DEGREE (SELECT ONE)

Graduation year: _____

Major: _____

<input type="checkbox"/> BA	<input type="checkbox"/> BS	<input type="checkbox"/> BMus	<input type="checkbox"/> BFA	<input type="checkbox"/> BSW	<input type="checkbox"/> MA	<input type="checkbox"/> MBA	<input type="checkbox"/> MS
<input type="checkbox"/> MTS	<input type="checkbox"/> MMin	<input type="checkbox"/> MPS	<input type="checkbox"/> MDiv	<input type="checkbox"/> MAT	<input type="checkbox"/> MEd	<input type="checkbox"/> EdD	<input type="checkbox"/> EdS

I wish to have my duplicate diploma:

Held for pick-up at the Records Office, contact me via email and/or phone (**\$50**)

Mailed to the address below: **Select one:** USPS Certified Mail (**\$50**) FedEx International (**\$100**)

Street Address: _____

City, State/Province: _____

ZIP/Postal Code: _____

Country: _____

Email: _____

Phone: _____

By signing below, I authorize that I am requesting a copy of my diploma that will be released upon payment verification. I understand that the word "Duplicate" will appear in 10 pt. font on the bottom right corner of the diploma.

STUDENT SIGNATURE

DATE