

Replacement/Duplicate Diploma Request

Please note: All signatures for university officials appearing on original diplomas from 1993 to present will be used on the replacement diplomas. Prior to 1993, signatures of such officials may not be available. In such cases, signatures of current officials will be used.

Name:			Date:			
Last	First	Middle	Maiden			
Name as Printe	d on original dip	loma *				
				hange the name on their official student record. iver's license, marriage license, etc.)		
D #:	Date of Birth:			Date of Degree:		
College:						
Degree:						
Лаjor:	·			Concentration:		
Address: Stree	t Name:					
City:		Sta	ate:	Zip Code:		
Email:			Phon	ne:		

*This form and a check to Mississippi State University for the amount of \$50.00 should be sent to:

Mississippi State University

Office of the Registrar Attn: Shiera Bilbo

P.O. Box 5268

Mississippi State, MS 39762

Please allow a week for processing.