



Diploma Reprint Form

Student Number/Social Security Number: \_\_\_\_\_
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_
Other Names Attended Under: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
Today's Date: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_
Number of Copies Requested: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

To have the name on the diploma changed to a name other than the original issued name, update the name at http://www.jsu.edu/registrar/name-change-form.html, and list the new name below:

\_\_\_\_\_

Diplomas are reprinted only at the written request of the student and are \$62.50 per copy. Payment must accompany request.

Mail to: (Print Legibly) \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Jacksonville State University to release my diploma as noted. I understand all financial obligations to JSU must be cleared before the diploma can be released.

\_\_\_\_\_
Student Signature

Office of the Registrar
700 Pelham Road North
Jacksonville, AL 36265-1602
Phone: 256-782-5400

PAYMENT INFORMATION

Payment Method Selected:

Personal check or money order made payable to Jacksonville State University

Credit Card: Visa MasterCard Discover

Card Number: \_\_\_\_\_

V Code\*: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\* V Code=Last three digits in the signature box on the back of the card.