

REQUEST FOR DUPLICATE DIPLOMA

Diploma Fee: \$15.00 per duplicate

Copies Requested: _____

Student ID #: _____

Date of Birth: _____

Name:

_____ Last _____ First _____ M.I. _____

Your name on your duplicate diploma will appear exactly as it does on your original diploma. If your name has changed since the issue of your original diploma, please submit a Name Change Form to Enrollment Services.

Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip _____

Term Graduated: _____ Degree Earned: BA BS MA MS MBA

Major: _____ Concentration/Emphasis: _____

*Diplomas will be sent to the mailing address on file with the University. Please verify your mailing address on **CI records** (myci.csuci.edu). If you need to update your mailing address, but are unable to access online, please complete the change of address section below. Duplicate diplomas will be mailed within 4-6 weeks.*

CHANGE OF MAILING ADDRESS

New Address	
Street: _____	

City: _____	State: _____
Zip: _____	

New Phone Numbers
Home Phone: _____
Cell Phone: _____
Business Phone: _____

Please complete and submit this form to the Cashier's window in the Enrollment Center, Sage Hall, with appropriate fee. If you have any outstanding obligations to the University this request will not be processed until they are resolved. Records cannot be released without the written consent of the student, so please be sure to sign this form below.

Signature: _____ Date: _____

Administrative Use Only- Enrollment Services Cashier	
<input type="checkbox"/> Re-filing Fee \$15.00 <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> CC _____	By: _____ Date: _____ (Cashiering)
PLEASE SEND COMPLETED APPLICATION TO RECORDS AND REGISTRATION FOR PROCESSING	

Administrative Use Only- Records & Registration	
Processed by _____ (Staff Initials)	PS Update: _____ (Date)
	Diplomatic Update: _____ (Date)
G:/AR/80/Forms/Records/Student Forms/Request for Duplicate Diploma/ Revised 2/25/2009	