



REPLACEMENT DIPLOMA REQUEST

5998 Alcalá Park, WH 202, San Diego, CA 92110-2492
Phone: (619) 260-4526 | Fax: (619) 260-5961 | Email: lawreg@sandiego.edu

PRINT Name Clearly and Complete ALL Fields:

Student ID Number: _____ or Last 4 of SSN: _____

Date of Birth : _____

Name: _____
As it appears on your diploma

Degree: _____ Semester and Year Granted: _____ Honors (if any): _____

Phone Number: _____ Email: _____

The diploma should be sent to the following address (required):

Street: _____ City: _____

State: _____ Postal Code: _____ Country: _____

By signing this form I grant permission to the University of San Diego Office of the Law School Registrar to process a replacement diploma, as indicated above.

Signature: _____
Physical signature is required Date

The diploma order will not be processed without a signature or missing information.

Please make a selection and submit the request along with appropriate payment (cash or check):

University of San Diego School
Office of the Law School Registrar
5998 Alcalá Park, WH 202
San Diego, CA 92110-2492

Regular replacement \$25 (USPS Domestic)

Regular replacement \$35 (International)

Checks can be made payable to the University of San Diego.

OFFICE USE ONLY:

Date processed / Initial
LSR0322